

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000160298

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Entity Name:** MAJESTIC INSURANCE GROUP, LLC.

**Current Principal Place of Business:**

2555 NW 102 AVE  
STE 205  
DORAL, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

2555 NW 102 AVE  
STE 205  
DORAL, FL 33172 US

**New Mailing Address:**

**FEI Number:** 46-1639384      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ESQUIVEL, JUAN C  
2555 NW 102 AVE  
STE 205  
DORAL, FL 33172 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: //JUAN CARLOS ESQUIVEL//

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ESQUIVEL, JUAN C  
**Address:** 2555 NW 102 AVE - STE 205  
**City-St-Zip:** DORAL, FL 33172 US

**Title:** MGRM  
**Name:** ESQUIVEL, NANCY M  
**Address:** 2555 NW 102 AVE - STE 205  
**City-St-Zip:** DORAL, FL 33172 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: //JUAN CARLOS ESQUIVEL//

MGR

10/08/2013

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date