$1,066.25 A

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

L95000000665

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN -4 PM 12:49

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000000665**

AUTOMATED INSURANCE AGENCY, L.C.
Suite 1000
2635 Century Parkway, N.E.
Atlanta, Georgia 30345

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

1a. Principal Place of Business Address

Automated Ins. Agency, L.C.
Suite 1000
2635 Century Parkway, N.E.
Atlanta, Georgia 30345

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: August 30, 1995
3a. State of Formation: Florida

4. FEI Number: 59-3324401 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: n/a

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
Carlos Lidsky Esq. 145 East 49th Street Hialeah, FL 33013	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road Suite, Apt. #, etc.: City: Plantation FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Kristin Kelley Asst. Vice President Date: 6/3/98

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	Alex J. Campos	2635 Century Parkway, N.E. Suite 1033	Atlanta, GA 30345

600002547566--0
-06/04/98--01052--021
***4475.00 ***1066.25

ADM - 877.50
AR 100.00
AR SUPP 88.75
$ 1,066.25

REINSTATEMENT 1996-1998

11. I certify that I am a managing member or manager of the limited liability company named above, that the application is provided for in Chapter 608, F.S. Further, I certify that prior to filing this reinstatement application, the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and all fees owed by the limited liability company have been paid. All information contained in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: authorized representative of Alex J. Campos
Stephen Rubin
Date: 6-2-98 Daytime Phone #: 202-228-1838

Typed or printed name of signer, Managing Member/Manager: Stephen Rubin, Esquire

CR2EO41 12/97