

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01 DEC 26 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000758

1. Limited Liability Company's Name

PLI Insurance Agency of Florida, L.C.

2. Principal Office Address

1550 Sawgrass Corporate Pky

Suite, Apt. #, etc.

2nd Floor

City & State

Sunrise, Florida

Zip

33323

Country

USA

3. Mailing Office Address

25 Independence Blvd.

Suite, Apt. #, etc.

4th Floor

City & State

Warren, NJ

Zip

07059

Country

USA

4. State/Country of Formation

FL/USA

**5. Date Organized or Qualified
To Do Business in Florida**

07/17/1996

6. FEI Number

65-0715551

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

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

C T Corporation System

By: *Denise Maestre*

REGISTERED AGENT MUST SIGN

Assistant Secretary

Date 12/21/2001

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Robert W. Teschke	25 Independence Blvd., 4th Fl.	Warren, NJ 07059
MGR	Paul Funk	25 Independence Blvd., 4th Fl.	Warren, NJ 07059

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on 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

Robert W. Teschke

Date 12/20/01

Daytime Phone # 908-903-6500

Typed or printed name of signing Managing Member/Manager Robert W. Teschke

REINSTATEMENT 2001

CR2E041 (9/01)