

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -5 PM 2:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L99000000309

1. Limited Liability Company's Name

Insurance Distribution Solutions, LLC

2. Principal Office Address

151 Shores Drive

Suite, Apt. #, etc.

City & State

Vero Beach FL

Zip

32963

Country

US

3. Mailing Office Address

315 Bonnie Lane

Suite, Apt. #, etc.

City & State

Aurora, OH

Zip

44202

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

Jan 20, 1999

6. FEI Number

56-2390935

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

Edward A. Wiegner

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

151 Shores Drive

Suite, Apt. #, Etc.

City

Vero Beach FL

State

FL

Zip Code

32963

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

Edw. A. Wiegner

REGISTERED AGENT MUST SIGN

Date

Jan 3, 05

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
MEMBER	Edw. A. Wiegner	151 Shores Drive	Vero Beach FL 32963

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REINSTATEMENT

2003-
2004

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

Edw. A. Wiegner

Date

Jan 3, 05

Daytime Phone #

772-234-6480

Typed or printed name of signing Managing Member/Manager

Edw. A. Wiegner

Reinstatement Fee 100 - 2 years inactive 100 = 7850 200