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FILED

2004 APR 16 AM 8:38

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000003851

1. Limited Liability Company's Name

The Insurance Associates of
Melbourne, L.C.500032981195
04/16/04--01079--002 **200.00

2. Principal Office Address

736 E. EAU GALIE

Suite, Apt. #, etc.

City & State

INDIAN HARBOUR Bch FL

Zip

32937

Country

BREVARD

3. Mailing Office Address

736 E. EAU GALIE Blvd

Suite, Apt. #, etc.

City & State

INDIAN HARBOUR Bch FL

Zip

32937

Country

BREVARD

4. State/Country of Formation

U.S.

5. Date Organized or Qualified
To Do Business In Florida

4-10-98

6. FEI Number

59-3583328

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

BARRY R. RANUEW

Street Address (Do Not Leave Blank)

736 E. EAU GALIE Blvd.

Suite, Apt. #, Etc.

City

INDIAN HARBOUR Bch.

State
FL

Zip Code

32937

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

Barry R. Ranuew

REGISTERED AGENT MUST SIGN

Date 4/13/04

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
MAN MGR	BARRY R. RANUEW	736 E. EAU GALIE BLVD	INDIAN HARBOUR Bch, FL 32937

REINSTATEMENT 2001-019

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

Barry R. Ranuew

Date 4/13/04

Daytime Phone # 321-591-2258

Typed or printed name of signing Managing Member/Manager

BARRY R. RANUEW

CR2E041 (10/02)

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The Insurance Associates of Melbourne, L.C.

736 East Eau Gallie Blvd
Indian Harbour Beach, FL 32937
321-591-2258

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

April 13, 2004

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document # L99000003851

Please find attached a reinstatement form for my corporation. On July 10, 2000 I sent in a form to change my physical address and assumed that you would know that was also my mailing address. Obviously that did not occur. I now find out that my corporation is inactive. I have enclosed the \$200.00 fee. Please reactivate my corporation. Thanks you for your help. I really appreciate it. My physical & mailing address are shown above.

Thanks


Barry Ranew