

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 APR -4 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L990000004047

1. Limited Liability Company's Name

NATIONAL GROWERS MUTUAL INSURANCE
MARKETING, L.L.C

REINSTATEMENT

2. Principal Office Address

155 Blue Heron Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3485

Suite, Apt. #, etc.

City & State

WEST Palm Bch, FL 33416

City & State

Ft. Pierce, FL

Zip

33416

Country

USA

Zip

34948

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/7/99

6. FEI Number

65-0934-312

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

Charles L. Hendley

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

2201 SAN Diego AVENUE

Suite, Apt. #, Etc.

City

FORT Pierce

State

FL

Zip Code

34946

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

Charles L. Hendley

Date

3/30/01

REGISTERED AGENT MUST SIGN

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
MGRM Pres.	<u>Roosevelt Hendley</u>	<u>155 Blue Heron Blvd</u>	<u>West Palm Bch, FL 33416</u>
VP MGRM	<u>Charles L. Hendley</u>	<u>2201 SAN Diego AVE</u>	<u>Ft. Pierce, FL 34946</u>
Secretary MGRM	<u>Elizabeth Hasan</u>	<u>155 Blue Heron Blvd</u>	<u>West Palm Bch, FL 33416</u>
MGRM	<u>Beverly Hendley</u>	<u>155 Blue Heron Blvd</u>	<u>West Palm Bch, FL 33416</u>
	<u>JULIAN JACKSON</u>	<u>155 Blue Heron Blvd</u>	<u>West Palm Bch, FL 33416</u>
MGRM	<u>Jacqueline Leccia</u>	<u>155 Blue Heron Blvd</u>	<u>West Palm Bch, FL 33416</u>

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

Charles L. Hendley

Date

3/30/01

Daytime Phone #

(561) 465-5106

Typed or printed name of signing Managing Member/Manager