


L99000005431

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L99000005431

1. Limited Liability Company's Name

Paget Insurance Agency, LLC

2. Principal Office Address

5080 Spectrum Drive

Suite, Apt. #, etc.

Suite 900 East

City & State

Addison, TX

Zip

75001

Country

USA

3. Mailing Office Address

5080 Spectrum Drive

Suite, Apt. #, etc.

Suite 900 East

City & State

Addison, TX

Zip

75001

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/13/99

6. FEI Number

59-3593889

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

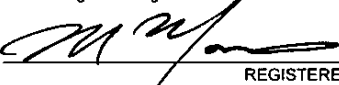
FL

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



Michael E. Jones

Assistant Secretary

Date

11-28-05

REGISTERED AGENT MUST SIGN

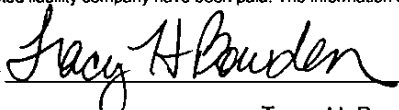
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	Glencoe U.S. Holdings Inc.	5080 Spectrum Drive, Suite 900 East	Addison, TX 75001
Manager	William J. Ashley	5080 Spectrum Drive, Suite 900 East	Addison, TX 75001
Manager	David A. Heatherly	5080 Spectrum Drive, Suite 900 East	Addison, TX 75001
Manager	Richard B. Primerano	5080 Spectrum Drive, Suite 900 East	Addison, TX 75001
REINSTATEMENT 2004-2005			

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



Date 11/15/05

Daytime Phone# 972-664-7010

Typed or printed name of signing Managing Member/Manager Tracy H. Bowden, Secretary of Member Glencoe U.S. Holdings Inc.

FILED
05 NOV 29 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)