

L 99000006175  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG 13 AM 9:12

DOCUMENT # L99-6175

**1. Limited Liability Company's Name**

Evolution Insurance Brokers of Florida, L.L.C.

9/29/00

**2. Principal Office Address**

8722 South 300 West

Suite, Apt. #, etc.

Second Floor.

City & State

Sandy, UT

Zip

84070

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

**4. State/Country of Formation**

FL

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

Sept. 27, 1999

**6. FEI Number**

87-0640024

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

James Burt

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

1131 North Dixie Freeway

Suite, Apt. #, Etc.

City

New Smyrna Beach,

State

FL

Zip Code

32168

600004540536-6

08/17/01-01078-006

\*\*\*\*200.00 \*\*\*\*200.00

**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

REGISTERED AGENT MUST SIGN

Date

11/20/00

**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
Manager Bonnie Clark		8722 So. 300 West	Sandy, UT 84070
			Rein - 100.00
			2001 - 50.00
			2000 - 50.00
			200.00
			re

**REINSTATEMENT**

2000-2001

**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

Bonnie Clark

Date

11/13/00

Daytime Phone #

801-304-5531

Typed or printed name of signing Managing Member/Manager

Bonnie Clark