

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 18 AM 9:25

DOCUMENT # L99000007561

1. Limited Liability Company's Name

INSURANCE RISK SOLUTIONS, LLC

2. Principal Office Address

1316 N. RIO VISTA BLVD.

Suite, Apt. #, etc.

City & State

FORT LAUDERSALE, FL

Zip

33316-1329

Country

BROWARD

3. Mailing Office Address

1316 N. RIO VISTA BLVD.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

333216-1329

Country

BROWARD

off

4. State/Country of Formation

FLORIDA, BROWARD

5. Date Organized or Qualified

To Do Business in Florida 11/1/1999

6. FEI Number

650976999

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

SIELICKI, DANIEL J.

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

1316 N. RIO VISTA BOULEVARD

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State
FL

Zip Code

33316-1329

REINSTATEMENT 02-05

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

Daniel J. Sielicki

Date

2/16/05

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
MGRM	DANIEL J. SIELICKI	1316 N. RIO VISTA BOULEVARD	FORT LAUDERDALE, FL 33316
MGRM	PAMELA J. SIELICKI	1316 N. RIO VISTA BOULEVARD	FORT LAUDERDALE, FL 33316

200047424722
03/01/05--01004--011 **305.00

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

Daniel J. Sielicki

Date

2/16/05

Daytime Phone #

954-768-9088

Typed or printed name of signing Managing Member/Manager

DANIEL J. SIELICKI

CR2EM1 (10/02)