

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT

FLORIDA DIVISION OF CORPORATIONS

M01000002235

03 DEC -1 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0016779 01 MB 0.309 **AUTO T1 0 0615 78701-276525



ELTEKON INSURANCE AGENCY, LLC
100 CONGRESS AVE., SUITE 1700
AUSTIN TX 78701-2765



CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation TX	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/03/2001	
Principal Place of Business 100 CONGRESS AVE., SUITE 1700 AUSTIN TX 78701	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 74-2984933	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent VINCENT, TROY D SR. 3717 PINE LAKE DRIVE WESTON FL 33332		9. Name and Address of New Registered Agent Name <u>CRIS CARTER</u> Street Address (P.O. Box Number is <u>404</u>) <u>2493 N.W. 40th St</u> City <u>Boca Raton</u> FL Zip Code <u>33431</u>	
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10. 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 [Signature] **SIGNATURE REQUIRED** Date 10-24-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MANGUM, MARK T	100 CONGRESS AVE., SUITE 1700	AUSTIN TX 78701

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12/01/03--01089--021 **150.00

REINSTATEMENT 2003

12/9/03

12. 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 [Signature] **SIGNATURE REQUIRED** Date 10/21/03 Daytime Phone # 512-477-3200

Typed or printed name of signing Managing Member/Manager MARK T. MANGUM