

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT
M01000002419

FILED

1. DOCUMENT # M01000002419

02 NOV -8 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007941 01 FP 0.352 **PRSR T4 0 0615 44122-446575



VALMARK INSURANCE AGENCY, LLC
3690 ORANGE PL, #300
BEACHWOOD OH 44122-4465



2. New Mailing Address City, State, Zip		4. State/Country of Formation OH	
Principal Place of Business 3690 ORANGE PL, #300 BEACHWOOD OH 44122		5. Date Organized or Qualified To Do Business in Florida 10/26/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 34-1924305 Applied For Not Applicable	
8. Name and Address of Current Registered Agent RYBKA, LAWRENCE S 1500 CORPORATE CTR., #203 WELLINGTON FL 33414		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600008961466 11/13/02--01033--004 **150.00 City FL Zip Code			
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 Date 11-5-02 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	RYBKA, LAWRENCE S	1500 CORPORATE CTR, #203	WELLINGTON FL 33414
MGR	RYBKA, JOSEPHINE	1500 CORPORATE CTR, #203	WELLINGTON FL 33414
MGR	RYBKA, LAWRENCE J	3690 ORANGE PL, #300	BEACHWOOD OH 44122
MGR	CRITZER, DAVID K.	3690 ORANGE PL. # 300	BEACHWOOD, OH 44122
REINSTATEMENT			

CR2E034 (8/02)

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 Date 10-31-02 Daytime Phone # 216-765-1107
Typed or printed name of signing Managing Member/Manager DAVID K. CRITZER