

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JAN 23 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # M03000001898

1. Limited Liability Company's Name

Allied North America Insurance Brokerage of
Washington, D.C., LLC

05

2. Principal Office Address - No P.O. Box #

1730 RHODE ISLAND AVE, NW

Suite, Apt. #, etc.

SUITE 601

City & State

WASHINGTON, DC

Zip

20036

Country

3. Mailing Office Address

390 N BROADWAY

Suite, Apt. #, etc.

City & State

JERICO

Zip

11753

Country

4. State/Country of Formation

DELAWARE

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

06/11/2003

6. FEI Number
82-0581861

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Brian Courtney
Asst. V. Pres.

Date 1-23-08

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
MGR	William A. Marino, CEO	390 N BROADWAY	JERICO, NY 11753
MGR	Henry C. Lombardi, COO	390 N BROADWAY	JERICO, NY 11753
MGR	Peter M. McGann, CFO/Sec./Trsr	390 N BROADWAY	JERICO, NY 11753
MGR	Stephen Mainello, Managing Director	1730 RHODE ISLAND AVE, NW	WASHINGTON, DC 20036
REINSTATEMENT 2005-2008			
400115866134			

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 1-21-2008

Daytime Phone # 516-733-9203

Typed or printed name of signing Managing Member/Manager

William A. Marino, CEO



CORPORATION SERVICE COMPANY

M03000001898

RECEIVED
08 JAN 23 AM 10:42

ACCOUNT NO. : 072100000032

REFERENCE : 411303 7362570

AUTHORIZATION

[Signature]

COST LIMIT : \$ 655.00

DEFINITION DATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : January 22, 2008

ORDER TIME : 9:17 AM

ORDER NO. : 411303-035

CUSTOMER NO: 7362570

REINSTATEMENT

NAME: ALLIED NORTH AMERICA INSURANCE
BROKERAGE OF WASHINGTON D.C.,
LLC

FILED
08 JAN 23 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

[Signature]

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney

EXAMINER'S INITIALS _____