

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG -4 AM 11:33

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # M06000005956

1. Limited Liability Company's Name

COLEMONT INSURANCE BROKERS OF ARIZONA

400157481694
06/19/09--01054--010 **138.75
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
3333 EAST CAMEBACK ROAD

3. Mailing Office Address
5910 N CENTRAL EXPY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 500

City & State

PHOENIX, AZ

City & State

DALLAS, TX

Zip

85018

Country

US

Zip

75206

Country

US

4. State/Country of Formation
DE

**5. Date Organized or Qualified
To Do Business in Florida** 10/27/2006

6. FEI Number
205269253

☐ 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
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33324

☒ 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

REGISTERED AGENT MUST SIGN

300159237143

08/04/09 Date 01031--008 **127.50

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	MARSHALL KATH	5910 N CENTRAL EXPY STE 500	DALLAS, TX 75206
MGR	ROBERT J MATAMOROS	5910 N CENTRAL EXPY STE 500	DALLAS, TX 75206
MGR	KRIS BOSTICK	5910 N CENTRAL EXPY STE 500	DALLAS, TX 75206

000111994370
11/05/07--01027--021 **150.00

REINSTATEMENT 07-09

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

Kris Bostick

Date 6/10/09

Daytime Phone # 214-561-7000

Typed or printed name of signing Managing Member/Manager KRIS BOSTICK

AUG - 5 2009