FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

2017 NOV 27 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500306122255
11/28/17--01042--001 **255.75

DOCUMENT # M15000007982

1. Limited Liability Company's Name

AMERICAN INSURANCE HOLDINGS, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1555 PALM BEACH LAKES BLVD	1555 PALMBEACH LAKES BLVD
Suite, Apt. #, etc: 1510	Suite, Apt. #, etc: 1510
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business In Florida: 10/06/15

6. FEI Number: 47-4591445 ☐ 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: NORMAN E TAPLIN

Street Address (P.O. Box Number Is Not Acceptable) Suite:
1555 PALM BEACH LAKES BLVD

Apt. #, Etc: 1510

City: WEST PALM BEACH | State: FL | Zip Code: 33401

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 11/20/17

REGISTERED AGENT MUST SIGN

Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
;R	REBA LEONARD	1555 Palm Beach Lakes Blvd #1510	West Palm Beach, FL 33401
?	HUGH HILL	1555 Palm Beach Lakes Blvd #1510	West Palm Beach, FL 33401
;R	NORMAN E TAPLIN & ASSOC. PA, DBP	1555 Palm Beach Lakes Blvd #1510	West Palm Beach, FL 33401

NOV 2 8 2017

E-mail Address: lcolburn@taplinlaw.net
(To be used for future annual report notifications)

I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0112, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: See attached Date _____ Daytime Phone # _____

Typed or printed name of signing authorized representative/member: REBA LEONARD

1 of 2

02:46:07 p.m. 11-17-2017

FILED

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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041

DOCUMENT # M15000007982

1. Limited Liability Company's Name

[illegible]

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1555 Palm Beach Lakes Blvd	1555 Palm Beach Lakes Blvd
Suite Apt. # etc. 1510	Suite Apt. # etc. 1510
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip 33401 / Country USA	Zip 33401 / Country USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: [illegible]

6. FEI Number: 47-[illegible] ☐ 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: Norman E. Taplin

Street Address (P.O. Box Number is Not Acceptable) Suite: 1555 Palm Beach Lakes Blvd

Apt. # Etc. 1510

City: West Palm Beach State: FL Zip Code: 334[illegible]

Sig only

9. being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent ______________________ Date 11/20/17

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State Zip
MGR	Reba Leonard	1555 Palm Beach Lakes Blvd #1510	West Palm Beach FL 33401
AR	Hugh [illegible]	[illegible] Palm Beach Lakes Blvd #1510	West Palm Beach FL 33401
MGR	Norman E. Taplin [illegible]	1555 Palm Beach Lakes Blvd #1510	West Palm Beach FL 33401
			NOV [illegible]

11. E-mail Address: [illegible]@taplinlaw.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0112, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Reba J. Leonard Date 11/20/17 Daytime Phone # (461) 236-5268

Typed or printed name of signing authorized representative/member: REBA LEONARD

2820