PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 SEP 28 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400303983624

CR2E041 (1/14)

DOCUMENT # M16000006758

1. Limited Liability Company's Name

AmWINS Specialty Auto of Florida, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4725 Piedmont Row Drive		4725 Piedmont Row Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 600		Suite 600	
City & State		City & State	
Charlotte, North Carolina		Charlotte, North Carolina	
Zip	Country	Zip	Country
28210	USA	28210	USA

4. State/Country of Formation: North Carolina

5. Date Organized or Qualified To Do Business in Florida: August 23, 2016

6. FEI Number: 81-3334172 ☐ 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: CT 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

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 _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	M. Steven DeCarlo	4725 Piedmont Row Drive, Ste 600	Charlotte, NC 28210
MGR	Scott M. Purviance	4725 Piedmont Row Drive, Ste 600	Charlotte, NC 28210

11. E-mail Address: heather.carpenter@amwins.com
(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 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 9-27-2017 Daytime Phone # 704-749-2752

Typed or printed name of signing Authorized Representative/Manager: Scott M. Purviance, Manager

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724
850-508-1891 (cell)

Date: 9-27-17
ACCT. I20160000072

Eric DH

Name:	AM WINS Specialty Auto of FLORIDA LLC
Document #:	
Order #:	10654857

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing: X

Certified:

Plain:

COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 268.75

2017 SEP 28 PM 1:22

Thank you!