

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2022 NOV -9 PM 12:07

DOCUMENT # 018600006929

1. Limited Liability Company's Name  
World Insurance Associates, LLC

600397432866

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #  
100 Wood Ave South

3. Mailing Office Address  
100 Wood Ave South

Suite, Apt. #, etc.  
4th Floor

Suite, Apt. #, etc.  
4th Floor

City & State  
Iselin, NJ

City & State  
Iselin, NJ

Zip Country  
08830 USA

Zip Country  
08830 USA

4. State/Country of Formation  
New Jersey

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number  
45-3601219

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 State Zip Code  
Plantation FL 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 [Signature] C T Corporation System  
by Ryan P McLaughlin, Assistant Secretary  
REGISTERED AGENT MUST SIGN

Date 11/07/2022

**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
Member	Rich Eknoian	100 Wood Ave South, 4th Fl	Iselin, NJ 08830
Member	Phil Nisbet	100 Wood Ave South, 4th Fl	Iselin, NJ 08830

NOV 09 2022

R. HUNT

11. E-mail Address kimberlybriggs@worldinsurance.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 Phil Nisbet Date 10/13/2022 Daytime Phone # 732-380-0900

Typed or printed name of signing Authorized Representative/Manager Phil Nisbet

**CT CORP**  
**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 11/09/2022  
Acc#I20160000072

*mic DW*

Name:	World Insurance Associates, LLC
Document #:	
Order #:	14545858

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ ??.??

*268.75*

Thank you!

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