PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

M98000000215

FILED

1. DOCUMENT # M98000000215

04 JAN -5 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Mailing Address

0010274 01 AT 0.292 **AUTO T7 3 0615 33781-335211

ASSETAMERICA INSURANCE AGENCIES, LLC
5540 PARK BLVD. UNIT 1 A
PINELLAS PARK FL 33781-3352

2003

CR2E084 (7/03)

2. New Mailing Address City, State, Zip	4. State/Country of Formation DE 5. Date Organized or Qualified To Do Business in Florida 03/05/1998
Principal Place of Business 5540 PARK BLVD UNIT 1 A PINELLAS PARK FL 33781 3. New Principal Place of Business Address City, State, Zip	6. FEI Number 58-2368235 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	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. 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 LAWRENCE STUMBAUGH REQUIRED Date 11/17/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	STUMBAUGH, LAWRENCE	~~4700 WATER PLACE, SUITE 170~~ 5510 INTERSTATE PKWY NO Suite 600	ATLANTA GA ~~30338~~ 30328

REINSTATEMENT 2003

000024185980
10/28/03--01008--023 **155.00

M THOMAS

REINSTATEMENT 2003

12. 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 LAWRENCE STUMBAUGH REQUIRED Date 10/24/03 Daytime Phone # 7275465991

Typed or printed name of signing Managing Member/Manager

631848