

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 19 PM 11:02

DOCUMENT # **M99/533**

1. Limited Liability Company's Name

**INSURED CHOICE, LLC**

2. Principal Office Address

**706 W. BOYNTON BCH BLVD.**

Suite, Apt. #, etc.

**SUITE #110**

City & State

**BOYNTON BCH, FL.**

Zip

**33426**

Country

**UNITED STATES**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

**1/6/1999**

6. FEI Number

**84-1484771**

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

**TROY SISSOM**

Street Address (P.O. Box Number is Not Acceptable)

**20937 ST. ANDREWS BLVD**

Suite, Apt. #, Etc.

**#10**

City

**BOCA RATON**

State

**FL**

Zip Code

**33433**

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

*Troy Sissom*

REGISTERED AGENT MUST SIGN

Date **10/17/00**

**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 TROY SISSOM**

**20937 ST. ANDREWS BLVD #10**

**BOCA RATON, FL 33433**

**MGR GILBERT SISSOM**

**20937 ST. ANDREWS BLVD #10**

**BOCA RATON, FL 33433**

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

*Troy Sissom*

Date **10/17/00** Daytime Phone # **(561) 736-6022**

Typed or printed name of signing Managing Member/Manager

**TROY SISSOM**