

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

01 OCT 16 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **MA99000000533**

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 Country Zip Country

33426 UNITED STATES

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

11/6/1999

6. FEI Number

84-1484771

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$9.00 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 SAINT ANDREWS BLVD.

Suite, Apt. #, Etc.

#10

City

BOCA RATON

800004650258-1

-10/23/01-01053-027

******155.00 ****158.00**

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 **10/15/01**

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 SAINT ANDREWS BLVD #10	BOCA RATON, FL 33433
MGR	Ginger Sissom	20937 ST. ANDREWS BLVD #10	BOCA RATON, FL 33433

REINSTATEMENT

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dec**

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 **10/15/01**

Daytime Phone # **(561) 736-6022**

Typed or printed name of signing Managing Member/Manager

Troy Sissom