

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 NOV → AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

260306
MacMillan-Buchanan Insurance Agency, Inc.

2. Principal Office Address

144 Canaveral Plaza Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

City & State

Zip

32931

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/25/1962

5. FEI Number

59-0976497

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Robert P. Hicks

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

144 Canaveral Plaza Boulevard

Suite, Apt. #, Etc.

City

Cocoa Beach

State

FL

Zip Code

32931

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

10/20/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Robert P. Hicks	144 Canaveral Plaza Blvd.	Cocoa Beach, FL 32931
S, T	Russell Bailey	144 Canaveral Plaza Blvd.	Cocoa Beach, FL 32931
			900042164059 11/01/04--01074--001 **158.75
			900042164059 10/25/04--01080--019 **250.00
			900042164059 10/25/04--01080--020 **500.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/04 321-783-3756

Daytime Phone #

CR2E081 (9/01)