

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hoed
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 29 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003455

1. Corporation Name

MAC RISK MANAGEMENT, INC.

Principal Place of Business

Mailing Address

45 DAN ROAD
CANTON MA 02021

P.O. BOX 9227
BOSTON MA 02209

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/2000--

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3366308

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State / Zip
PCD	BUCCI, RAYMOND JR. Nick Barillo	45 DAN ROAD	CANTON MA 02021
S	CAVE, ALLAN C JR. Tom Hippler	45 DAN ROAD	CANTON MA 02021
T	STAY, GREG	45 DAN ROAD	CANTON MA 02021
D	HOTAREK, BRIAN	45 DAN ROAD	CANTON MA 02021

REINSTATEMENT

900025255919
01/14/04--01025--016 **\$600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

12/2/03

11. 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:

Nick Barillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-03

1 CR2040 (7/03)