

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 MAR 10 AM 7:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000005412

1. Corporation Name

Robert McIntyre Insurance Inc.

2. Principal Office Address - No P.O. Box #

420 E. Lancaster Avenue

3. Mailing Office Address

P.O. Box 7455

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Davids, PA

City & State

St. Davids, PA

Zip

19087

Country

USA

Zip

19087

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/2006

5. FET Number

23-1914680

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

1200 South Pine Island Road

Suite, Apt. #, Etc

City

Plantation

State

FL

Zip Code

33324

300296554193
03/10/17--01026--003 **\$00.00

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

Brenda Anthony
REGISTERED AGENT MUST SIGN Brenda Anthony

Date 3/7/17

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
C/D	McLeod F. Gwynette	420 E. Lancaster Avenue	St. Davids, PA 19087
P	Paul O'Connell, Jr.	420 E. Lancaster Avenue	St. Davids, PA 19087
S	Mary R. Ritter	420 E. Lancaster Avenue	St. Davids, PA 19087
V	Michael Puleo	420 E. Lancaster Avenue	St. Davids, PA 19087

10. E-mail Address: oconnellj@mcintyreins.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Paul O'Connell, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAUL O'CONNELL

2/20/17

610-687-5757

Daytime Phone #