Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

M3 INSURANCE SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 ... 27 A... 8:06

FEL ... FLORIDA

DOCUMENT # F08000005311

1. Corporation Name
M3 INSURANCE SOLUTIONS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
828 John Nolen Drive	828 John Nolen Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
n/a	n/a
City & State	City & State
Madison, WI	Madison, WI
Zip / Country	Zip / Country
53713 / USA	53713

CR2E091 (11/16)

4. Date Incorporated or Qualified To Do Business in Florida
12/12/2008

5. FEI Number
39-1141360 (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
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City / State / Zip Code
Plantation / FL / 33324

8. Having been 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 _____ Date 6/23/2017

REGISTERED AGENT MUST SIGN Danny Verdecchia

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
V	Thomas Golden	828 John Nolen Drive	Madison / WI / 53713
V/T	Michael Victorson	828 John Nolen Drive	Madison / WI / 53713
V	Michael Moore	828 John Nolen Drive	Madison / WI / 53713
V	Mathew Cranney	828 John Nolen Drive	Madison / WI / 53713
V	James Yaeger	828 John Nolen Drive	Madison / WI / 53713
V	Zachary Penshorn	828 John Nolen Drive	Madison / WI / 53713

10. E-mail Address: m3accounting@m3ins.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon 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: Thomas J Golden 6-23-2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

FL010 - 05/17/2013 Wolters Kluwer Online

RG 6/27/17