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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2012

DOCUMENT # P11000000314

1. Corporation Name
B.K. MCCARTHY INSURANCE AGENCY, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
139 Lynnfield Street	PO Box 1388
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 210	
City & State	City & State
Peabody, MA	Bangor, ME
Zip / Country	Zip / Country
01960 / USA	04402-1388 / USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 1/25/2011

5. FEI Number 26-3295403 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for Certified Copy

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: PLANTATION | State: FL | Zip Code: 33324

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] GALINA ALENTA-CHAY 10/17/2012
REGISTERED AGENT MUST SIGN ASSISTANT SECRETARY

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chairman	Woodrow W. Cross	34 Rockland Court	Brewer, ME 04412
President	Royce M. Cross	31 Rockland Court	Brewer, ME 04412

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

11. I certify that I am an officer or director of 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: Royce M. Cross, President 10/15/12 207-947-7345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 01/12/2011 CT System Online

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B. BUTLER

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Division of Corporations
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CORPORATION REINSTATEMENT

B.K. MCCARTHY INSURANCE AGENCY, INC.

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