

F12000000127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



000375910620

FILED  
2021 NOV 19 AM 8:03  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
2021 NOV 19 PM 3:45  
CLERK OF STATE  
TALLAHASSEE, FL

W. GULKER  
NOV 21, 2021



FILE 2ND

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2021

CSC

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: MBA TECHNOLOGIES, INC.  
Ref. Number: F12000000127

We have received your document for MBA TECHNOLOGIES, INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 921A00028270

RECEIVED  
2021 NOV 23 AM 11:35  
MBA TECHNOLOGIES, INC.

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 250895 7624439

AUTHORIZATION :

COST LIMIT : \$ 43.75

ORDER DATE : November 16, 2021

ORDER TIME : 2:45 PM

ORDER NO. : 250895-010

CUSTOMER NO: 7624439

FOREIGN FILINGS

NAME: MBA TECHNOLOGIES, INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: **MBA Technologies, Inc.**

Name of Corporation

DOCUMENT NUMBER: **F12000000127**

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Wesley C. Carlton**

Name of Contact Person

**Loss Management Solutions, Inc.**

Firm/Company

**395 W. State Hwy 114, Ste 200**

Address

**Southlake, TX 76092**

City/State and Zip Code

**wcarlton@Lossms.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Wesley C. Carlton** at **(817) 354-8700**

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F12000000127

(Document number of corporation (if known))

1. MBA Technologies, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Texas

(Incorporated under laws of)

3. January 10, 2012

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? March 21, 2012

5. Loss Management Solutions, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(New jurisdiction)

8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

N/A

2021  
JAN 19  
AM 8:04  
FILED  
CLERK OF STATE  
TAMPA, FL

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Pres.	Wesley C. Carlton	395 W. State Hwy 114, Ste 200	<input checked="" type="checkbox"/> Add
		Southlake, TX 76092	<input type="checkbox"/> Remove
Director	Wesley C. Carlton	395 W. State Hwy 114, Ste 200	<input checked="" type="checkbox"/> Add
		Southlake, TX 76092	<input type="checkbox"/> Remove
VP	Nancy Leo	395 W. State Hwy 114, Ste 200	<input checked="" type="checkbox"/> Add
		Southlake, TX 76092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Wesley C. Carlton

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35.00**

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



John B. Scott  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on March 21, 2012, MBA Technologies, Inc., a Domestic For-Profit Corporation (file number 800069593), changed its name to Loss Management Solutions, Inc.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 17, 2021.



A handwritten signature of John B. Scott, consisting of a stylized 'J' and 'S'.

John B. Scott  
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** F12000000127

1. Corporation Name

MBA Technologies, Inc.

2. Principal Office Address - No P.O. Box #  
1306 E. Eulless Blvd.

3. Mailing Office Address  
P.O. Box 121326

Suite, Apt. #, etc.  
Suite 200

Suite, Apt. #, etc.

City & State  
Eulless, Texas

City & State  
Arlington, Texas

Zip  
76040

Country  
USA

Zip  
76012

Country  
USA

CP2E061 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida January 10, 2012

5. FEI Number  
42-1537054

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
YES

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

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

REGISTERED AGENT MUST SIGN

Date 11/19/2021

**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/D	Wesley C. Carlton	395 W. State Hwy. 114, Ste 200	Southlake, Texas 76092
VP	Nancy Leo	395 W. State Hwy. 114, Ste 200	Southlake, Texas 76092

10. E-mail Address: wcarton@lossms.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: X

Wesley C. Carlton, President

11/15/2021

817-354-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #





FILE 1ST

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2021

CSC

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: MBA TECHNOLOGIES, INC.  
Ref. Number: F12000000127

We have received your document for MBA TECHNOLOGIES, INC. and the authorization to debit your account in the amount of \$1950.00. However, the document has not been filed and is being returned for the following:

The reinstatement fee is \$1950 for this entity. Please authorized the full amount.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 121A00028270

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2021 NOV 23 AM 11:35  
AUTOMATICALLY

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 250895 7624439

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 1950.00

ORDER DATE : November 16, 2021

ORDER TIME : 2:42 PM

ORDER NO. : 250895-005

CUSTOMER NO: 7624439

REINSTATEMENT

NAME: MBA TECHNOLOGIES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

*\$ 1950.00*

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS \_\_\_\_\_