

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000003857

1. Corporation Name

MEGA AGENCY INSURANCE SERVICES, INC.

Principal Place of Business

4100 NEWPORT PLACE, STE 790
NEWPORT BEACH CA 92660

Mailing Address

4100 NEWPORT PLACE, STE 790
NEWPORT BEACH CA 92660

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/1998

SP

5. FEI Number

33-0809971

Applied For

Not Applicable

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	ALLEN, EDDIE	4100 NEWPORT PL, STE 790	NEWPORT BEACH CA
VD	HERDMAN, LUCINDA	4100 NEWPORT PL, STE 790	NEWPORT BEACH CA
S	JONES, THOMAS M	4100 NEWPORT PL, STE 790	NEWPORT BEACH CA
T D	BURKE, MARK	4100 NEWPORT PL, STE 790	NEWPORT BEACH CA

200003032842--9

11/02/99-01087-001

*****750.00 *****750.00

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

C. Baclet

Date 10/28/99

C. Baclet, Vice President

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:

Thomas M. Jones

Thomas M. Jones, Secretary

10/26/99

949/474-7711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #