

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 PM 12: 52

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # M02000000556

1. Limited Liability Company's Name  
MCMC LLC  
425 Day Hill Road, P.O. Box 770, Windsor, CT 06095-0770

2. Principal Office Address 425 Day Hill Road Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 770 Suite, Apt. #, etc.	
City & State Windsor, CT		City & State Windsor, CT	
Zip 06095	Country USA	Zip 06095-0770	Country USA

4. State/Country of Formation CT	
5. Date Organized or Qualified To Do Business in Florida 3/01/02	
6. FEI Number 80-0007091	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. 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	Zip Code 32301-2525

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Cynthia L. Harris as its agent Date 11/13/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Wright Risk Management Co., Inc.	377 Oak Street, Suite 101	Garden City, NY 11530
MGR	Michael T. Murdock - President/Mngr	c/o MCMC LLC - 425 Day Hill Road	Windsor, CT 06095

**REINSTATEMENT 2003**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Michael T. Murdock Date 11/10/03 Daytime Phone # (860) 688-1500 X205

Typed or printed name of signing Managing Member/Manager Michael T. Murdock - Manager/President-CEO

CR2E041 (10/02)