

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 10:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000041265

1. Corporation Name

M.H.R. INSURANCE, INC.

Principal Place of Business

1408 N.W. 6TH STREET
 GAINESVILLE FL 32601

Mailing Address

1408 N.W. 6TH STREET
 GAINESVILLE FL 32601

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

04/21/2000

5. FEI Number

59-3637844

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
P	RAWLS, MICKEY	1408 N.W. 6TH STREET	GAINESVILLE FL 32601

800023818978
 10/15/03--01056--006 **150.00

8. Name and Address of Current Registered Agent

RAWLS, MICKEY H
 1408 N.W. 6TH STREET
 GAINESVILLE FL 32601

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mickey H Rawls

Date

Daytime Phone #

10/13/03 852 377 1000

CR2040 (7/03)

October 14, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement

Please accept this letter as my notice to you that I did not receive a notice of payment for 2003. Please reinstate my incorporation status. I am enclosing a check for \$150 as stated on the voice mail.

Respectfully



Mickey H. Rawls
MHR Insurance Inc.
