

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 20 AM 8:00

DOCUMENT # P01000072767
1. Corporation Name
MCL INSURANCE SERVICES, INC.

2. Principal Office Address
720 MANATEE BAY DR.
Suite, Apt. #, etc.
City & State
BOYNTON BEACH, FL
Zip
33435 Country
U.S.A.
3. Mailing Office Address
720 MANATEE BAY DR.
Suite, Apt. #, etc.
City & State
BOYNTON BEACH, FL
Zip
33435 Country
U.S.A.

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida
7/24/2001
5. FEI Number
65-1124462
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name
LARRY RAYBIN
Street Address (P.O. Box Number is Not Acceptable)
720 MANATEE BAY DR.
Suite, Apt. #, Etc.
City
BOYNTON BEACH, FL
State
FL Zip Code
33435

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.
Signature of Registered Agent
Larry Raybin
Date
8/16/2003
REGISTERED AGENT MUST SIGN

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 |
|------------|-----------------------------------|--|--------------------------------|
| <u>P/D</u> | <u>LARRY RAYBIN</u> | <u>720 MANATEE BAY DR</u> | <u>BOYNTON BEACH, FL 33435</u> |
| <u>SVP</u> | <u>MICHAEL RAYBIN</u> | <u>720 MANATEE BAY DR</u> | <u>BOYNTON BEACH, FL 33435</u> |
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10. 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: Larry Raybin LARRY RAYBIN PRES 8/16/2003 561-704-3287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #