2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2007
Secretary of State

DOCUMENT# P03000005400

Entity Name: MULLALLY INSURANCE SERVICES, INC.

Current Principal Place of Business:

16017 NORTH FLORIDA AVE
SUITE 132
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 7527
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 05-0548792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MULLALLY, MARY JEAN
16016 NORTH FLORIDA AVE
SUITE132
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARY JEAN MULLALLY

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: MULLALLY, MARY J CEO/PRE
Address: 16017 NORTH FLORIDA AVE STE 132
City-St-Zip: LUTZ, FL 33549

Title: SEC ( ) Delete
Name: LUCIANO, FRAN A SEC
Address: 16017 NORTH FLORIDA AVE SUITE 132
City-St-Zip: LUTZ, FL 33549

Title: VP ( ) Delete
Name: LUCIANO, DOROTHY H VP
Address: 16017 NORTH FLORIDA AVE SUITE 132
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRAN A. LUCIANO SEC 10/05/2007

Electronic Signature of Signing Officer or Director — Date