## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000031141

Entity Name: MARK MCGRIFF INSURANCE AGENCY, INC.

FILED Sep 17, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2801 SW ARCHER ROAD 1120 NW 13TH STREET GAINESVILLE, FL 32608 GAINESVILLE, FL 32602

**Current Mailing Address: New Mailing Address:** 

2801 SW ARCHER ROAD 1120 NW 13TH STREET GAINESVILLE, FL 32608 GAINESVILLE, FL 32602

FEI Number: 37-1460205 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCGRIFF, MARK MCGRIFF, MARK 2801 SW ARCHER ROAD 1120 NW 13TH STREET GAINESVILLE, FL 32608 US US GAINESVILLE, FL 32602

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: MARK MCGRIFF 09/17/2007

> 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: PRFS (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete MCGRIFF, MARK C MCGRIFF, MARK C Name: Name: 2801 SW ARCHER ROAD 1120 NW 13TH STREET Address: Address: GAINESVILLE, FL 32602 City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip:

( ) Delete Title: VΡ Title: VΡ (X) Change ( ) Addition

MCGRIFF, LORI E MCGRIFF, LORI E Name: Name: 2801 SW ARCHER ROAD Address: 1120 NW 13TH STREET Address: GAINESVILLE, FL 32608 GAINESVILLE, FL 32602 City-St-Zip: 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: MARK MCGRIFF **PRES** 09/17/2007