

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P31892

1. Corporation Name

Merrill Lynch Insurance Group Services, Inc.

2. Principal Office Address - No P.O. Box #

401 N TRYON ST  
Suite, Apt. : NC1-021-02-20  
CHARLOTTE NC 28255

3. Mailing Office Address

401 N TRYON ST  
NC1-021-02-20  
Suite, Apt. # CHARLOTTE NC 28255

City & State

City & State

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND RD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

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
SVP	DONNA DeSOUZA	401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	07-10

**REINSTATEMENT**

**M. MILLIGAN  
EXAMINER**

**MAY 26 2010**

10. E-mail Address: gail.shinn@bankofamerica.com

(To be used for future annual report notification)

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. I further certify, 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:**

*Donna DeSouza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-10

Date

704-947-0527

Daytime Phone #

**FILED**

10 MAY 26 PM 2:30

ALLAHASSEE, FLORIDA

000181379760  
05/26/10--01021--006 \*\*600.00

CR2E081 (4/10)

4. Date Incorporated or Qualified

To Do Business in Florida 11/26/1990

5. FEI Number

59-3032659

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.