

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 FEB 11 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029554

1. Corporation Name

MCLAUGHLIN AGENCY, INC.

Principal Place of Business

~~4739 DEERFOOT CT~~
JACKSONVILLE FL 32257

Mailing Address

~~4739 DEERFOOT CT~~
JACKSONVILLE FL 32257

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4131 Southside Blvd #105
Suite, Apt. #, etc.

City & State
Jax, FL

Zip 32216 Country

3. New Mailing Office Address, If Applicable

4131 Southside Blvd #105
Suite, Apt. #, etc.

City & State
Jax, FL

Zip 32216 Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1993

5. FEI Number

59-3176112

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	MCLAUGHLIN, DANIEL G	4739 DEERFOOT CT 425 BOWSER BRANCH LN	JACKSONVILLE FL-32257- 32259

800002432226--9
-02/17/98--01007--002
****900.00 ****900.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

MCLAUGHLIN, DANIEL G
4739 DEERFOOT CT
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name DANIEL G. MCLAUGHLIN
Street Address (P.O. Box Number is Not Acceptable) 4131 Southside Blvd #105
Suite, Apt. #, Etc.
City JACKSONVILLE State FL Zip Code 32216

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.

Signature of
Registered Agent

Daniel G. McLaughlin

REGISTERED AGENT MUST SIGN

Date 2/7/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Daniel G. McLaughlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/98

Date

904-645-6918

Daytime Phone #

CR2E040 (8/97)