

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAR 11 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PA3000029554

McLaughlin Agency Inc

2. Principal Office Address

4131 Southside Blvd.

Suite, Apt. #, etc.

105

City & State

JACKSONVILLE FL

Zip

32216

Country

USA

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Zip

322

Country

600030250736

03/11/04--01004--004 \*\*300.00

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

4/16/1993

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. Name and Address of Current Registered Agent**

Name

DAN McLAUGHLIN

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

4131 Southside Blvd.

Suite, Apt. #, Etc.

105

City

JACKSONVILLE

State

FL

Zip Code

32216

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

Dan McLaughlin

Date

3/9/04

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
President	DAN McLAUGHLIN	4131 Southside Blvd.	JAX, FL 32216

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:

Dan McLaughlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04

Date

904-645-9156

Daytime Phone #

CR2E081 (01/04)