

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 30 AM 9:13

DOCUMENT # P98000106129

1. Corporation Name

MCNEIL INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

New Office Address:

5469 Millbrook Way
Palm Harbor, FL 34685

5469 Millbrook Way
Palm Harbor, FL 34685

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

2. New Principal Office Address, If Applicable

Same as above
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same as above
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/98

5. FEI Number

59-3551417

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/T S/D	William McNeil	5469 millbrook way Palm Harbor, FL 34685	

100003070691--4
-12/15/99--01025--018
****150.00 ****150.00

8. Name and Address of Current Registered Agent

Gary W. Lyons, Esquire
311 South Missouri Avenue
Clearwater, Florida 33756

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

GARY W. LYONS, ESQ. REGISTERED AGENT MUST SIGN

Date 11/17/99

11. This corporation owes 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 in 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)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/99 727-458-5053
Date Daytime Phone #

CRS208 (12/98)

McFARLAND, GOULD, LYONS, SULLIVAN & PERENICH, P.A.
ATTORNEYS AT LAW

Serving The Tampa Bay Area For Over 40 Years

DONALD O. McFARLAND
GARY W. LYONS
CHUCK A. SULLIVAN
GREGORY J. PERENICH
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CHARLES S. SPINNER, JR.*
JOSEPH A. ROSE

311 S. MISSOURI AVENUE
CLEARWATER, FLORIDA 33756
TELEPHONE (727) 461-1111
FAX (727) 461-6430

*ADMITTED IN NY & FL

November 22, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: McNeil Insurance Services, Inc.
Date Incorporated: December 21, 1998

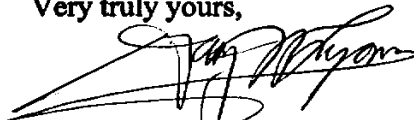
Dear Sirs:

Enclosed please find my client's Application for Reinstatement for the above. Also, enclosed is a check for \$150.00 which represents the annual fee for said corporation. Please be advised that we did not receive the Application for the Annual Report 1999. Therefore, we would ask that the reinstate fee be waived at this time.

Please contact my office with any questions and/or concerns with regard to this matter.

Thank you for your cooperation.

Very truly yours,



Gary W. Lyons
Attorney at Law

GWL/lbf
cc: Client
Enclosures
Application
\$150.00 check