

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 PH 2:19

DOCUMENT # **P99000008894**

1. Corporation Name

MACKMIN INSURANCE GROUP, INC.

REINSTATEMENT 00-03

500015313885
04/04/03--01041--012 **1200.00

2. Principal Office Address

P.O. Box 2526

3. Mailing Office Address

P.O. Box 2526

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARCO ISLAND, FL

City & State

MARCO ISLAND, FL

Zip

34146

Country

FLORIDA

Zip

34146

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

1-25-1999

5. FEI Number

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

RAYMOND MACKMIN

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

1581 GALLEON AVE.

Suite, Apt. #: Etc.

City

MARCO ISLAND

State

FL

Zip Code

34145

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **3-25-03**

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
D	RAYMOND MACKMIN	P.O. Box 2526	MARCO ISLAND, FL 34146
D	DEBORAH MACKMIN	P.O. Box 2526	- SAME - 34146

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)(f), 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: *[Handwritten Signature]* **RAY MACKMIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-03

Date

239-389-9295

Daytime Phone #

CR2E081 (10/02)

5/14
ad