PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 Weeks

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

I DIDN'T RECEIVE ORIGINAL NOTICE

FILED
02 OCT 28 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000047092

1. Corporation Name

MCMULLIN INSURANCE, INC.

Principal Place of Business	Mailing Address
515 NORTHLAKE BLVD NORTH PALM BEACH FL 33408	515 NORTHLAKE BLVD NORTH PALM BEACH FL 33408

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/20/1999

5. FEI Number: 65-0930248 ☐ 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 3	City / State / Zip 4
D	MCMULLIN, GARY	515 NORTHLAKE BLVD	NORTH PALM BEACH FL 33408

700008604557
10/28/02--01019--018 **211.25

10/31

8. Name and Address of Current Registered Agent

MCMULLIN, GARY
515 NORTHLAKE BLVD
NORTH PALM BEACH FL 33408

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 10/22/02

REGISTERED AGENT MUST SIGN

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 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: SIGNATURE REQUIRED GARY McMullin 10/22/02 561-840-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Allstate.
You're in good hands.

McMullin Insurance, Inc.
515 Northlake Blvd.
North palm Beach, Florida 33408
561-840-0060

October 22, 2002

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

Re: McMullin Insurance, Inc.
65-0930248

To Whom It May Concern:

Enclosed, please find application for reinstatement of McMullin Insurance, Inc. I have also enclosed a check in the amount of $211.25 to cover the filing fee. I did not include the reinstatement fee due to not receiving your previous notice.

I hope this information and the enclosed are sufficient to resolve this matter. If you have any questions or require additional documentation, please call me at 561-840-0060.

Thank you,

Gary McMullin
President