

**2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N17000004955

**Entity Name:** MCLAX, INC.

**Current Principal Place of Business:**

8214 MIRAMAR WAY  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

8214 MIRAMAR WAY  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** 82-1494900

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ANTRITT, SCOTT  
8214 MIRAMAR WAY  
LAKEWOOD RANCH, FL 34202 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** SCOTT ANTRITT

10/29/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name RICE, DAN  
Address 8214 MIRAMAR WAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title T  
Name SCHAEFER, KATHLEEN  
Address 8214 MIRAMAR WAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title D  
Name INGHAM, SCOTT  
Address 8214 MIRAMAR WAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title S  
Name MORALES, PHYLLIS  
Address 8214 MIRAMAR WAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title D  
Name ANTRITT, SCOTT  
Address 8214 MIRAMAR WAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN SCHAEFER

**TREASURER**

10/29/2018

Electronic Signature of Signing Officer/Director Detail

Date