

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **493208**

1. Corporation Name

McPherson Electrical Contractors, Inc.

2. Principal Office Address - No P.O. Box #

97 Green Street

Suite, Apt. #, etc.

City & State

Quincy, Florida

Zip

32352

Country

USA

3. Mailing Office Address

97 Green Street

Suite, Apt. #, etc.

City & State

Quincy, Florida

Zip

32352

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1975

5. FEI Number

59-1637188

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

Robert G. McPherson

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

97 Green Street

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32352

700263076067
08/07/14--01028--012 **1200.00

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

Robert G. McPherson

REGISTERED AGENT MUST SIGN

Date August 4, 2014

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
P	Robert G. McPherson	97 Green Road	Quincy, FL 32352
VP	Robert G. McPherson, Jr.	98 Pimlico Drive	Crawfordville, FL 32327
ST	Virginia R. McPherson	97 Green Road	Quincy, FL 32352

AUG 7 2014

M. WILLIAMS

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Robert G. McPherson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. McPherson

Date

Aug. 4, 2014

Daytime Phone #

1524