

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 681702

1. Corporation Name

MCMAHON ENTERPRISES, INC.

Principal Place of Business

199 ROSEWOOD STREET
ORMOND BEACH FL 32174-5526

Mailing Address

199 ROSEWOOD STREET
ORMOND BEACH FL 32174-5526

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

08/11/1980

5. FEI Number

59-2135717

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
PD	MCMAHON, EUGENE T.	199 ROSEWOOD STREET	ORMOND BEACH FL
D	MCMAHON, EUGENE R.	199 ROSEWOOD STREET	ORMOND BEACH FL
D	MCMAHON, DANIEL P.	199 ROSEWOOD STREET	ORMOND BEACH FL

400023915104
10/17/03 01089 024 **150.00

8. Name and Address of Current Registered Agent

~~MCMAHON, EUGENE T.~~ DANIEL P
199 ROSEWOOD STREET
ORMOND BEACH FL 32074

9. Name and Address of New Registered Agent

Name DANIEL P MCMAHON
Street Address (P.O. Box Number is Not Acceptable)
415 PARQUE DR
Suite, Apt. #, Etc. E
City ORMOND BEACH FL State FL Zip Code 32174

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

REGISTERED AGENT MUST SIGN

Date 10-15-03

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)(l), 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

10-15-03

Date

386 676-7507

Daytime Phone #

CR2E040 (7/03)

MCMAHON ENTERPRISES INC
P O BOX 6418
Daytona Beach, Florida 32122
(386) 290-5647 FAX (386) 677-9542

Florida Department of State
Division of corporations
P O Box 6327
Tallahassee, FL 32314

Attached is the application for reinstatement and our check for \$150.

We never received the original application for renewal.

Accordingly, based on the telephone call to your office, please process the form and our fee of \$150.

Sincerely

DAN MCMAHON