

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 17 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **681702**

1. Corporation Name

**MCMAHON ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

199 ROSEWOOD STREET  
ORMOND BEACH FL 32174-5526

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

REINSTATEMENT 03

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>PD</del>	<del>MCMAHON, EUGENE T.</del>	<del>199 ROSEWOOD STREET</del>	<del>ORMOND BEACH FL</del>
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

9. Name and Address of New Registered Agent

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

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, FL32314

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