

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 AM 11:26

DOCUMENT # 687878

1. Corporation Name

MCGEEHAN & SONS, INC.

Principal Place of Business

5426 SPRING HILL DRIVE
SPRING HILL FL 34606

Mailing Address

5426 SPRING HILL DRIVE
SPRING HILL FL 34606

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1980

5. FEI Number

59-2352666

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
PD	MCGEEHAN, CONNELL H	497 SAVOY CT.	SPRING HILL, FL 0
D	MCGEEHAN, KEVIN S	5426 SPRING HILL DRIVE	SPRING HILL, FL 0
D	MCGEEHAN, HUGH C	497 SAVOY CT.	SPRING HILL, FL 0
D	HENGESBACH, ALAN	3081 WATERFALL	SPRING HILL, FL 0
STD	MCGEEHAN, MARGARET M	497 SAVOY CT.	SPRING HILL, FL 0

8. Name and Address of Current Registered Agent

MCGEEHAN, MARGARET M.
5426 SPRING HILL DRIVE
SPRING HILL FL 34606

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

3000003478629-3

-11/28/00-01087-013

***750.00 zip 352-750.00

FL

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.

Signature of
Registered Agent

Margaret M. McGeehan
REGISTERED AGENT MUST SIGN

Date 11-02-00

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:

Connell H. McGeehan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CONNELL H. MCGEEHAN

11-02-00 352 686-1234

Date

Daytime Phone #

CR2E040 (8/00)