PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 02

FILED
02 OCT 30 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 687878

1. Corporation Name

MCGEEHAN & SONS, INC.

Principal Place of Business	Mailing Address
5426 SPRING HILL DRIVE SPRING HILL FL 34606	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

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MCGEEHAN, CONNELL H	5426 SPRING HILL DR	SPRING HILL FL 34606
D	MCGEEHAN, KEVIN S	5426 SPRING HILL DRIVE	SPRING HILL FL 34606
D	MCGEEHAN, HUGH C	497 SAVOY CT.	SPRING HILL FL 34606
STD	MCGEEHAN, MARGARET M	497 SAVOY CT.	SPRING HILL FL 34606

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MCGEEHAN, MARGARET M. 5426 SPRING HILL DRIVE SPRING HILL FL 34606	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State: FL Zip Code

000008696510
10/30/02--01044--010 **150.00

CR2E040 (8/02)

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: SIGNATURE REQUIRED Date: 10-25-02
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED 10-25-02 352 686-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CONNELL H. MCGEEHAN

COLDWELL BANKER
McGEEHAN & SONS

5426 SPRING HILL DRIVE
SPRING HILL, FL 34606-4559
BUS. (352) 686-1234
FAX (352) 686-3313
EMAIL friends@coldwellbanker.com

October 25, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Gentlemen:

Please find completed application for reinstatement and filing fee.

We did not receive the prior UBR notices.

Sincerely,

Connell H. McGeehan
President
McGeehan & Sons, Inc.