

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -4 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F76039**

1. Corporation Name

MCLEAN INTERNATIONAL, INC.

Principal Place of Business

9250 BAYMEADOWS RD.
SUITE 200
JACKSONVILLE FL 32256
US

Mailing Address

9250 BAYMEADOWS RD.
SUITE 200
JACKSONVILLE FL 32256
US

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

MCLEAN INTERNATIONAL INC

4. Date Incorporated or Qualified To Do Business in Florida

04/12/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 57944

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Jacksonville FL

Zip

Country

32246-7944

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	MCLEAN, MURPHY BROWN JR	9250 BAYMEADOW RD., SUITE 200	JACKSONVILLE FL

900002002899--0
-11/13/96--01108--012
****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCLEAN, MURPHY B.
9250 BAYMEADOWS RD.
SUITE 200
JACKSONVILLE FL 32219

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Murphy B. McLean
REGISTERED AGENT MUST SIGN

Date

9-16-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-16-96