PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -2 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700037570217
06/02/04--01018--002 **1200.00

DOCUMENT # F94371

1. Corporation Name
CHARLES MCCOY ASSOCIATES, INC

REINSTATEMENT 07-04

2. Principal Office Address	3. Mailing Office Address
88 HILTON HAVEN	88 HILTON HAVEN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY WEST, FL.	City & State: KEY WEST, FL.
Zip: 33040 Country: MONROE	Zip: 33040 Country: MONROE

4. Date Incorporated or Qualified To Do Business in Florida: 8-12-1982

5. FEI Number: 592252270 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CHARLES MCCOY

Street Address (P.O. Box Number is Not Acceptable): 88 HILTON HAVEN

Suite, Apt. #, Etc.:

City: KEY WEST State: FL Zip Code: 33040

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 5-27-04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CHARLES MCCOY	88 HILTON HAVEN	KEY WEST, FL. 33040
VD	CHARLES MCCOY	88 HILTON HAVEN	KEY WEST, FL. 33040
TD	CHARLES MCCOY	88 HILTON HAVEN	KEY WEST, FL. 33040
SD	CHARLES MCCOY	88 HILTON HAVEN	KEY WEST, FL 33040

10. 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: _____ 5-27-04 (305) 446-1244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #