

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 DEC 26 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001128

1. Corporation Name

McWHIRTER PROPERTIES, INC.

2. Principal Office Address

4045 ORCHARD ROAD

Suite, Apt. #, etc.

BLDG. 400

City & State

SMYRNA, GA

Zip

30080

Country

USA

3. Mailing Office Address

4045 ORCHARD ROAD

Suite, Apt. #, etc.

BLDG. 400

City & State

SMYRNA, GA.

Zip

30080

Country

USA

REINSTATEMENT

CR2E081 (12/05)

01-06

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1995

5. FEI Number

58-1476332

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

MATTHEW R. O'KANE

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

215 NORTH EOLA DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code

32801

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

Matthew R. O'Kane

Date

MATTHEW R. O'KANE

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	MCWHIRTER, BARRY E.	5090 HAMPTON FARMS DRIVE	MARIETTA, GA. 30080

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12/29/06--01043--008 **1350.00

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 contained in Chapter 119, 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:

Barry E. McWhirter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARRY E. MCWHIRTER, PRESIDENT

Date

Daytime Phone #

12/18/06 678-385-2727

12/26/06