

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

800002264938--U
-08/12/97-01076-010
***\$15.00 ***\$15.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

DOCUMENT # 95000003282
Corporation Name
MCEWAN ENTERPRISES, INC.

Principal Place of Business Mailing Address
43 Barkley Circle #101
Fort Myers, FL 33907

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. New Principal Office Address, if Applicable
2. New Mailing Office Address, if Applicable
3. Suite, Apt. #, etc.
4. City & State
5. Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number 13 3505814 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED 5875 Additional Fee Required for a Certificate of Status.

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers), City / State / Zip. Rows include Ronald W. McEwan and Kathryn Maimone.

8. Name and Address of Current Registered Agent
Kathryn Maimone
12995 S. Cleveland Ave., #212
Fort Myers, FL 33907

9. Name and Address of New Registered Agent
Name: Robert D. Royston, Jr., P.A.
Street Address (P.O. Box Number is Not Acceptable): 12670 New Brittany Blvd.
Suite, Apt. #, Etc.: Suite 101
City: Fort Myers, State: FL Zip Code: 33907

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
nature of registered Agent
Date: 7/21/97
REGISTERED AGENT MUST SIGN

1. 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.)

2. 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)(c), 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: Kathryn Maimone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 8-1-97
Daytime Phone #: 941-275-9979