

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 18 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000003871**

1. Corporation Name
MCMURDO PAINS WESSEX, INC.

Principal Place of Business Mailing Address
**200 CONGRESS PARK DRIVE
SUITE 102
DELRAY BEACH FL 33445
US** **C/O LARRY D'ANDREA
121 N. COMMERCE DRIVE
CHESTER TOWNSHIP PA 33324**



REINSTATEMENT 02

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		4. Date Incorporated or Qualified To Do Business in Florida		08/10/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State		59-3296934		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	EVANS, DAVID R	10 WORSLEY ROAD	SOUTHSEA HAMPSHIRE P05
VD	RAYNER, PAUL A	THE WELL HOUSE COLLINS LANE	HURSLEY HAMPSHIRE S021
D	MULLINS, GARY J	8C LANGSTONE AVENUE	HAVANT HAMPSHIRE FL P09
V	CHANDLER, JAMES	20937 ST. ANDREWS BLVD., #15 2683 NW 41st STREET	BOCA RATON FL 33493 BOCA RATON, FL 33434
TS	D'ANDREA, LAWRENCE M	175 WILLIAM PENN BLVD.	WEST CHESTER PA 19382

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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 *Margaret E. Routzahn* **MARGARET E. ROUTZAHN** Special Assistant Secretary Date 11/26/02
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: *Lawrence M. D'Andrea* **LAWRENCE M. D'ANDREA** Date 11/25/02 Daytime Phone # 610-859-3695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E040 (8/02)