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APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS



FILED

04 MAR 18 AM 11:07

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

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



REINSTATEMENT 03-04

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

59-3296934

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

8. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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 P08
V	CHANDLER, JAMES	2683 NW 41ST STREET	BOCA RATON FL 33434
TS	D'ANDREA, LAWRENCE M	175 WILLIAM PENN BLVD.	WEST CHESTER PA 19382

6. Name and Address of Current Registered Agent

8. 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

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. or 617.0505, F.S.

Signature of
Registered Agent

James Newsome
James Newsome Asst. Sec'y
REGISTERED AGENT MUST SIGN

Date 3/18/04

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:

Glenda E. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/03 60-859-3685

Date

Daytime Phone #

CP2ED06 (7-03)

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
 Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 222-9428

CORPORATION REINSTATEMENT

MCMURDO PAINS WESSEX, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$900.00

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