

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 2:49

DOCUMENT # F98000002420

1. Corporation Name

MCO CONSTRUCTION, INC. (DE)

Principal Place of Business

4400 HWY 20 E., #211
NICEVILLE FL 32578

Mailing Address

4400 HWY 20 E., #211
NICEVILLE FL 32578



REINSTATEMENT 99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/28/1998	
City & State		City & State		5. FEI Number	
Zip		Country		58-2353580	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$9.75 Additional Fee required for a Certificate of Status</small>	

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
P	MCDORMAN, DARREN K	RT 3 BOX 335A2	WATER VALLEY MS 38965
S	MCDORMAN, JOE C II	17 DANBURY CT.	NICEVILLE FL 32578

4000003038814-0
-11/09/99--01004--004
***750.00 ***750.00

8. Name and Address of Current Registered Agent

MCDORMAN, JOE C II
4400 HWY 20 E., #211
NICEVILLE FL 32578

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent J.C. McDorman II
REGISTERED AGENT MUST SIGN

Date 10-26-99

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 807 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-99

Date

Daytime Phone #

AD

897-4343