PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 DEC 24 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000000358

1. Corporation Name

McLain Plumbing And Electric Service, Inc

**REINSTATEMENT** 03-07
CR2E031 (1/07)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 107 Magnolia Street | P. O. Box 604 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Philadelphia, Ms | City & State: Philadelphia, Ms |
| Zip: 39350 Country: Neshoba | Zip: 39350 Country: Neshoba |

4. Date Incorporated or Qualified To Do Business in Florida: 01/20/1999

5. FEI Number: 64-0623904 ☐ 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: CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Samantha Jones Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 12/17/07

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 |
|---|---|---|---|
| CEO | John Francis McLain | 10838 Rd. 468 | Philadelphia, Ms 39350 |
| Pres. | Samuel Kent McLain | 10801 Rd. 468 | Philadelphia, Ms |
| VP | Ronald Scott McLain | 107 Magnolia Street | Philadelphia, Ms |
| Sec | John Phillip McLain | 10760 Rd. 468 | Philadelphia, Ms |
| Treas. | Kendall Douglas Sodders | 10870 Rd. 468 | Philadelphia, Ms |

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12/21/07--01028--026 **350.00

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: Samuel Kent McLain 12-17-07 601-416-0971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #