

PLEASE READ ALL INSTRUCTIONS BEFORE COI

APPLICATION FOR REINSTATEMENT



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

FILED  
Dec 22 1997 8:00 am  
Secretary of State

DOCUMENT # *654678*

1. Corporation Name

W.J.MEEHAN INC.

Principal Place of Business

Mailing Address

6840 EAST TROPICAL WAY  
PLANTATION, FLORIDA, 33317

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1983

5. FEI Number

111159001

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

*AD 97*

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	WILLIAM J. MEEHAN	6840 EAST TROPICAL WAY	PLANTATION, FLA. 33317
SEC.	BETTY R. MEEHAN	6840 EAST TROPICAL WAY	PLANTATION, FLA. 33317

800002383588-9  
-12/26/97-01085-014  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAM J. MEEHAN  
6840 EAST TROPICAL WAY  
PLANTATION, FLA. 33317

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State | Zip Code  
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.

Signature of Registered Agent

*William J. Meehan*

REGISTERED AGENT MUST SIGN

Date

*Dec. 15, 1997*

11. 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)

12. 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:

*Betty R. Meehan*  
BETTY R. MEEHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC. 15, 1997 Date

954-581-4406  
Daytime Phone #

CP2500 (12-95)