

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

97 NOV -6 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H28863**

1. Corporation Name  
**C.R. MCLELLAN, INC.**

Principal Place of Business

4055 MCLELLAN AVENUE  
PO BOX 231  
MALABAR FL 32850

Mailing Address

4055 MCLELLAN AVENUE  
PO BOX 231  
MALABAR FL 32950

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

2. New Principal Office Address, If Applicable

*P.O. Box 500231*

3. New Mailing Office Address, If Applicable

*P.O. Box 500231*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 97**

4. Date Incorporated or Qualified  
To Do Business In Florida

11/06/1984

5. FEI Number

59-2462029

Applied For

Not Applicable

6.

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)

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
DP	MCLELLAN, C.R.	4055 MCLELLAN AVE.	PALM BAY FL VALXARIA, FI 32950
DST	MCLELLAN, JOAN G.	4055 MCLELLAN AVE.	PALM BAY FL VALXARIA, FI 32950

900002342119--2  
-11/07/97-01111-006  
\*\*\*\*750.00 \*\*\*\*750.00

*10/1/6*

8. Name and Address of Current Registered Agent

ALLEN, WAYNE L. ATTORNEY  
700 N WICKHAM RD  
SUITE 107  
MELBOURNE FL 32935

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

*10/28/97*

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*Joan B. Mclellan Joan B. Mclellan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*724-6710*  
Daytime Phone #

CR2E040 (8/97)