

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # K82037

1. Corporation Name

MCCRANE SERVICE, INC.

Principal Place of Business Mailing Address

6027 TAYLOR RD.  
NAPLES FL 34109  
US

6027 TAYLOR RD.  
NAPLES FL 34109  
US

If above addresses are incorrect in any way, type 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.	04/17/1989
City & State	City & State	5. FEI Number
Zip	Country	65-0115806
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MCCANDLESS, ROGER J.	379 ESTHER ST.	NAPLES FL

700024103257  
10/27/03--01023--003 \*\*750.00

8. Name and Address of Current Registered Agent

MCCANDLESS, ROGER  
379 ESTHER ST.  
NAPLES FL 33942

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of Registered Agent

*Roger McCandless*

REGISTERED AGENT MUST SIGN

Date 10-22-03

CR2E040 (7/03)

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: *Roger McCandless* Roger McCandless

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-03

Date

Daytime Phone #