

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L56410

1. Corporation Name

MCDERMOTT MANAGEMENT, INC.

Principal Place of Business

3269 SW 42ND AVENUE  
PALM CITY FL 34990  
US

Mailing Address

3269 SW 42ND AVENUE  
PALM CITY FL 34990  
US

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

03/12/1990

5. FEI Number

65-0181417

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)

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

PS

MCDERMOTT, ROCHELLE

3269 SW 42ND AVENUE

PALM CITY FL

VT

MCDERMOTT, WILLIAM

3269 SW 42ND AVENUE

PALM CITY FL

8000006629918--3  
-07/25/02--01002--029  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

MCDERMOTT, ROCHELLE  
822 S FEDERAL HWY  
STUART FL 34994

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

*William McDermott*

REGISTERED AGENT MUST SIGN

Date

04/18/02

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:

*William McDermott*  
WILLIAM MCDERMOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/02 561-288-6526

Date

Daytime Phone #

FILED

02 APR 22 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 01-02

CR20040 (8/01)