

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC -3 PM 1:43

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M09682

1. Corporation Name

McCOMAS PROPERTIES, INC.

2. Principal Office Address - No P.O. Box #

75395 Morning Star Dr.

Suite, Apt. #, etc.

City & State

Indian Wells, CA

Zip

92210

Country

USA

3. Mailing Office Address

75395 Morning Star Dr.

Suite, Apt. #, etc.

City & State

Indian Wells, CA

Zip

92210

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1985

5. FEI Number

59-2487746

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

PARACORP. INCORPORATED

Street Address (P.O. Box Number is Not Acceptable)

236 East 6th Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

☐ 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

Ninh Ho, Assistant Secretary

Date 11/30/09

REGISTERED AGENT MUST SIGN

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
PD	William P. McComas	75395 Morning Star Dr.	Indian Wells, CA 92210
		B 12/3/09	500163280775 12/03/09--01003--007 **\$750.00
		STATEMENT 09	500163280775 12/03/09--01003--008 **\$8.75

10. E-mail Address: BillMcComas@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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 P. McComas

William P. McComas, President 11/30/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(760) 862-2324