

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 13 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M52760**

1. Corporation Name

THE J.R. McNEAL COMPANY, INC.

2. Principal Office Address

ONE INDEPENDENT DR.

Suite, Apt. #, etc.

2401

City & State

JACKSONVILLE FL

Zip

Country

3. Mailing Office Address

P.O. BOX 3027

Suite, Apt. #, etc.

City & State

PONTE VEDRA, FL

Zip

Country

32004

USA

REINSTATEMENT

02-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

5-27-1987

5. FEI Number

59-2828543

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

Name

J.R. McNEAL

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

117 OLD PONTE VEDRA DR.

Suite, Apt. #, Etc.

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

5-7-04

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
PRES.	J.R. McNEAL	117 OLD PONTE VEDRA DR.	PONTE VEDRA BEACH FL 32082

10. 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)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-7-04

Daytime Phone #

904-861-1114

CR2E081 (07/04)