

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

12 JAN 25 AM 7:43

ALLAHASSEE, FLORIDA

**DOCUMENT #** M 78956

1. Corporation Name  
AAGAARD McNARY CONSTRUCTION INC.

2. Principal Office Address - No P.O. Box #  
204 O'BRIEN RD

Suite, Apt. #, etc.

City & State  
CASSELBERRY FLA

Zip  
32730

Country  
USA

3. Mailing Office Address  
POB 608003

Suite, Apt. #, etc.

City & State  
ORLANDO FLA

Zip  
32860

Country  
USA

11-12

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 4-25-88

5. FEI Number  
592888588

☐ 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  
WILLIAM R. McNARY

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

Suite, Apt. #, Etc.

City  
ALTAMONTE SPRINGS

State  
FL

Zip Code  
32701

01/25/12--01030--001 \*\*150.00  
800216094358  
800216094358  
01/04/12--01013--010 \*\*750.00

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 William R. McNary  
REGISTERED AGENT MUST SIGN

Date 12/30/2011

**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 R McNARY	811 ARLINGTON BLVD ALTAMONTE SPRINGS	ALTAMONTE SPRINGS, FL 32701

JAN 25 2012

S. PRATHER

10. E-mail Address: ron@agaardmcnary.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: William R. McNary William R McNary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/30/2011 948-1296

Jan. 20, 2012

Division of Corporations

Pob 6327

Tallahassee, fl. 32314

Re: Aagaard McNary Construction, Inc. Reinstatement  
M78956

Attn: Stacy Prather

Thanks for helping me concerning the Corporate Reinstatement  
Form attached.

I have included the \$150 for 2012.

You mentioned that you would, due to the misinformation I had re-  
ceived, immediately reinstate my Corporate status.

Thanks for your help.

A handwritten signature in black ink, appearing to read "Ron McNary", written in a cursive style.

Ron McNary