PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 12 AM 10: 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000011413

1. Corporation Name

McCann Research Corporation

REINSTATEMENT 03-04

2. Principal Office Address

759 NW 124 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

759 NW 124 Ave

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip	Country
33071	US

Zip	Country
33071	US

4. Date Incorporated or Qualified To Do Business in Florida   2000

5. FEI Number   59-3622185

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

George G. Pappas

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

901 N Hercules Ave

Suite, Apt. #, Etc.

C

City	State	Zip Code
Clearwater	FL	33765

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 _____ REGISTERED AGENT MUST SIGN

Date 10/29/04

CR2E081 (01/04)

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
DP	Steve J McCann	759 NW 124 Ave	Coral Springs FL 33071
			300004269582 11/12/04--01056--016 **908.75

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)(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: _____ Steve J. McCann   11/8/04   954-753-4044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #