

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 23 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

200000102970
McLeran Enterprises(s) INC.

700007980107--5
-09/24/02--01030--026
****900.00 ****900.00

REINSTATEMENT 01-02

2. Principal Office Address

1260 9th St. S.W.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Naples, FL 34117

Zip

34117

Country

Collier

City & State

Zip

-

Country

-

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3679668

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

Nevin P. McLeran

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

1260 9th St. S.W.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

8. I, being appointed 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

9-4-02

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
Vice Pres.	Secretary Charles McLeran	1260 9th St. S.W.	Naples, FL 34117

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:

Charles A. McLeran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-02

Date

941-353-6869

Daytime Phone #

CR2E081 (9/01)