


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 19 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01 000023533*

1. Corporation Name

McAleer Painting, Inc.

2. Principal Office Address

6017 Pine Ridge Rd

Suite, Apt. #, etc.

162

City & State

Naples, FL

Zip

34115

Country

USA

3. Mailing Office Address

6017 Pine Ridge Rd

Suite, Apt. #, etc.

162

City & State

Naples, FL

Zip

34119

Country

USA

000039311770
*07/19/04--01072--002 **150.00*

2004 AR

4. Date Incorporated or Qualified
To Do Business in Florida

3-1-01

5. FEI Number

59-3701949

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

Robin B. McAleer

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

6017 Pine Ridge Rd

Suite, Apt. #, Etc.

#162

City

Naples

State

FL

Zip Code

34115

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

Robin B. McAleer
REGISTERED AGENT MUST SIGN

Date *7-07-04*

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
<i>P/S/T/O</i>			
<i>VP</i>	<i>Ronald L. McAleer</i>	<i>same</i>	

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:

Robin B. McAleer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-07-04

Daytime Phone #

CR2E081 (01/04)

McAleer Painting, inc.
6017 Pine Ridge Road #162
Naples, FL 34119

July 7th, 2004

Dept of State
Division of Corp
PO Box 6327
Tallahassee, FL 32314

RE: **Corporation admin dissolution for annual report**

Dear DOS:

It was brought to our attention recently that our Corporation was dissolved for non filing of UBR. We never received the UBR form to file the report. We went online and downloaded the form to request reinstatement. Our address changed and we never received notice.

We are enclosing a check in the amount of \$150.00, fee for 2004. Please accept this payment and consider waving the reinstatement fee off \$600 under these circumstances.

Sincerely,

Robin R. McAleer
President
McAleer Painting, Inc.

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