

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 12 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12/12/02--01121--006 \*\*158.75

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Pol 000106246  
L + E McNeil, Inc

2. Principal Office Address

18301 PLANTATION LAKES CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SANFORD

City & State

Zip

FL

Country

32771

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3754440

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

A. RANDOLPH MCNEIL

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

18301 PLANTATION LAKES CIRCLE

Suite, Apt. #, Etc.

City

SANFORD

State  
FL

Zip Code

32771

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

A. Randolph McNeil

REGISTERED AGENT MUST SIGN

Date 12-10-2002

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.	A. RANDOLPH MCNEIL	18301 PLANTATION LAKES CIRCLE	SANFORD, FL 32771
V. Pres.	Elizabeth S. McNeil	18301 PLANTATION LAKES CIRCLE	SANFORD, FL 32771

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:

A. Randolph McNeil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-2002 386-405-2685

Date

Daytime Phone #

CR2001 (9/01)

js 12/13

December 10, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: R&E McNeil, Inc.

Top whom it may concern;

We never received our yearly form for filing our annual report. We were in the middle of moving and, apparently, our mail was not properly forwarded. Coming near the end of the year, we just recently realized this. Therefore, I request a waiver of the \$ 750.00 reinstatement fee in favor of the normal filing fee of \$150.00 for a normal filing.

For your records, our new address is 16301 Plantation Lakes Circle, Sanford, Florida 32771. Phone is (407) 688-7609.

Sincerely;

A handwritten signature in cursive script, appearing to read "A. Randolph McNeil".

A. Randolph McNeil