

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000029003

1. Corporation Name

**MCQUAY & SONS, INC.**

2. Principal Office Address - No P.O. Box #

**151 SW DUBLIN GLEN**

3. Mailing Office Address

**151 SW DUBLIN GLEN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKE CITY, FL**

City & State

**LAKE CITY, FL**

Zip

**32024**

Country

**USA**

Zip

**32024**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/08/2002**

5. FID Number  
**030410302**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

**ALL FLORIDA FIRM INC.**

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

**465 S VOLUSIA AVE**

Suite, Apt. #, Etc.

**SUITE C**

City

**ORANGE CITY**

State

**FL**

Zip Code

**32763**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Dennis McQuay Jr. - Ass. Secretary*  
REGISTERED AGENT MUST SIGN

Date **02/23/2007**

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
P	DENNIS R MCQUAY SR	151 SW DUBLIN GLEN	LAKE CITY FL 32024
D	DENNIS R MCQUAY JR	5564 GREAT PINE LANE S	JACKSONVILLE, FL 32244
T	JUDY L MCQUAY	151 SW DUBLIN GLEN	LAKE CITY FL 32024

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DENNIS MCQUAY JR.**

**02/23/2007**

Date

**904-424-8764**

Daytime Phone #

FILED  
07 FEB 28 PM 5:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700093743677  
03/18/07--01051--012 \*\*450.00

REINSTATEMENT 05-07 WAP

2087

**Dennis McQuay Jr.** - P02000029003  
**MCQUAY & SONS, INC.**  
**02/23/2007**

To whom it may concern,

I am enclosing my reinstatement form for my corporation. I never received the renewal notification for my corporation for the years of 2005, 2006 and also 2007. The instructions for reinstatement indicate that if I did not receive the prior notice, to put this in writing and the reinstatement fee would be waived.

Thank you for your assistance in this matter.

Sincerely,  
Dennis McQuay Jr.