

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2007 APR -2 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000038535

**1. Corporation Name**

James R McCue and Associates, Inc.

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

2804 St Johns Bluff Road S

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

32246

Country

USA

Zip

Country

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

04082002

**5. FEI Number**

03-0421132

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

James R McCue

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

660 Aquatic Drive

Suite, Apt. #, Etc.

City

Atlantic Beach

State

FL

Zip Code

32233

☒ 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

Date

REGISTERED AGENT MUST SIGN

**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	James R McCue	660 Aquatic Drive	Atlantic Beach FL 32233
VP	Bruce B Gervin	4611 Jocelyn Road W	Jacksonville FL 32225

REINSTATEMENT

05-07

B 4/6/07

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04/07/07--01025--019 \*\*458.75

**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 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

Date

Daytime Phone #

James R. McCue

3/30/07 (904) 646-2777