

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000042627**
1. Corporation Name
DOUGLAS V. MCLEARY INC.

2. Principal Office Address
17525 88th RD NORTH
Suite, Apt. #, etc.
City & State
LOXAHATCHEE FL
Zip
33470 Country
PALM BEACH

3. Mailing Office Address
SAME AS #2
Suite, Apt. #, etc.
City & State
Zip
Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida **04/19/2002**

5. FEI Number
043661103 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
JULIA MCLEARY
Street Address (P.O. Box Number is Not Acceptable)
17525 88th Road NORTH
Suite, Apt. #, Etc.
City
LOXAHATCHEE State
FL Zip Code
33470

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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **10/27/03**

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
D	MCLEARY, DOUGLAS V	17525 88 th RD NORTH	LOXAHATCHEE FL 33470

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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/27/03**
Daytime Phone #

CR2E081 (10/02)

October 27, 2003

Douglas V McLeary Inc.
17525 88th Rd. No.
hokahatchee Fl. 33470

Division of Corporations; Regarding application for reinstatement document number PO2000042627, further to our telephone conversation, with a representative from your office, I hereby submit in writing to you confirmation of Non receipt of UBE forms, which permits the reinstatement of the above Corporation. I Therefore ask on those grounds that the penalty be waived, and my normal reinstatement fee of \$150.00 be accepted to put the Corporation back in good standing.

Douglas McLeary