

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 31 AM 8:27

DOCUMENT # P02000101353

1. Corporation Name

McCann Engineering, Inc.

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address

1428 Gulf To Bay Blvd.

3. Mailing Office Address

1428 Gulf To Bay Blvd.

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

Suite E

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33755

Country

USA

Zip

33755

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/2002

5. FFL Number

80-0059968

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

William J. McCann

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

1563 Turner Street

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

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

William J. McCann
REGISTERED AGENT MUST SIGN

Date 08/28/2006

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/V/D	William J. McCann	1563 Turner Street	Clearwater, FL 33756
			200079714172 09/12/05--01023--007 **1208.75

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:

William J. McCann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/28/2006

Date

727-461-5500

Daytime Phone #