PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 18 PM 2:42

DOCUMENT # P02683

1. Corporation Name

D.W. McGrath, Inc.

REINSTATEMENT 96-00

2. Principal Office Address
275 Riverside Dr.

Suite, Apt. #, etc.

City & State
Ormond Beach, FL

Zip 32176   Country USA

3. Mailing Office Address
275 Riverside Dr.

Suite, Apt. #, etc.

City & State
Ormond Beach, FL

Zip 32176   Country USA

4. Date Incorporated or Qualified To Do Business in Florida   7/12/84

5. FEI Number   16-1150419

| | Applied For |
| | Not Applicable |

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

850
222
1092

7. Name and Address of Current Registered Agent

Name   Charles P. Hood, Jr.

Street Address (P.O. Box Number is Not Acceptable)   444 Seabreeze Blvd, Suite 900

Suite, Apt. #, Etc.   Daytona Beach,

City

State FL   Zip Code 32118

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 12/12/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
President VP Sec Treas.	Barbara McGrath	275 Riverside Dr.	Ormond Beach, FL 32176
		500003521885--3	
		-01/03/01--01035--012	
		***1350.00 ***1350.00	

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: Barbara McGrath   12/8/00   904-676-9186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #