

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAR -1 PM 12:58

DOCUMENT # PD300014378

1. Corporation Name

MC2CLEAN, INC.

100170695591  
02/26/10--01043--010 \*\*458.75

CR2E081 (11/09)

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

1440 QUINLAN RDE.

3. Mailing Office Address

1440 QUINLAN RDE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

JACKSONVILLE

Zip

32225

Country

DUVAL

Zip

32225

Country

DUVAL

4. Date Incorporated or Qualified  
To Do Business in Florida

2003

5. FEI Number

20-0446185

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

MCDONALD, DANILA S.

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

1440 QUINLAN RDE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32225

☒ 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

Danila S. McDonald

Date 2-24-10

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	MCDONALD, DANILA S.	1440 QUINLAN RDE	JACKSONVILLE, FL 32225
S.T.	MCDONALD, MATHEWS.	1440 QUINLAN RDE	JACKSONVILLE, FL 32225

REINSTATEMENT

2-24-10 (904)  
08/10

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Danila S. McDonald

DANILA S. McDONALD

Date

Daytime Phone #

check # 1200 \$1158.75