

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


07 JAN 29 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/02/07--01009--020 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P04000007932</u>			
1. Corporation Name <u>McGhee Contractors, INC</u>			
2. Principal Office Address - No P.O. Box # <u>822 Elm Way</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Panama City, FL</u>		City & State	
Zip <u>32404</u>	Country	Zip	Country
7. Name and Address of Current Registered Agent			
Name <u>Bobby L. McGhee</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>822 Elm Way</u>			
Suite, Apt. #, Etc.			
City <u>Panama City</u>	State <u>FL</u>	Zip Code <u>32404</u>	

4. Date Incorporated or Qualified To Do Business in Florida <u>1-12-04</u>	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<input checked="" type="checkbox"/> 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

X Bobby L. McGhee
REGISTERED AGENT MUST SIGN

Date 1-26-07

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
Pres.	Bobby L. McGhee	822 Elm Way	Panama City, FL 32404

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:

X Bobby L. McGhee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07
Date

850-874-9089
Daytime Phone #

2011/31

I Bobby L. McGhee did not receive
my 2005 Annual Report Notice for
McGhee Contractors, INC. Document
PO4000007932

Bobby L. McGhee