

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -4 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000076788

1. Corporation Name

WAYNE T. McMULLEN CONSTRUCTION INC.

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

170 BAYVIEW AVE
Suite, Apt. #, etc.

3. Mailing Office Address

170 BAYVIEW AVE
Suite, Apt. #, etc.

City & State

FORT MYERS BEACH, FL

City & State

FLORIDA

Zip

33931

Country

LEE

Zip

33931

Country

LEE

4. Date Incorporated or Qualified
To Do Business in Florida

5/10/2004

5. FEI Number

510508720

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

WAYNE T. McMULLEN

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

170 BAYVIEW AVE

Suite, Apt. #, Etc.

City

FORT MYERS BEACH

State

FL

Zip Code

33931

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Wayne T. McMullen

REGISTERED AGENT MUST SIGN

Date 5/16/2010

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
RR	WAYNE T. McMULLEN	170 BAYVIEW AVE	FMB FL. 33931
		AVI	

10. E-mail Address: WAYNETMcMULLEN@AOL.COM

(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:

Wayne T. McMullen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/16/2010

Daytime Phone #