

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2008 JAN 30 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/30/08--01033--010 **300.00

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P060000031554

1. Corporation Name

McHURLEY, INC.

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

7900 SE SEQUOIA DR.

Suite, Apt. #, etc.

3. Mailing Office Address

7900 SE SEQUOIA DR.

Suite, Apt. #, etc.

City & State

HOOE SOUND, FL

City & State

HOOE SOUND, FL

Zip

33455

Country

USA

Zip

33455

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL '06

5. FEI Number

☒ 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

MATTHEW HURLEY

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

7900 SE SEQUOIA DR.

Suite, Apt. #, Etc.

City

HOOE SOUND

State

FL

Zip Code

33455

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/17/07

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
<u>D</u>	<u>M. HURLEY</u>	<u>7900 SE SEQUOIA DR.</u> HOOE SOUND	<u>HOOE SOUND / FL / 33455</u>
<u>D</u>	<u>R. MCGUE</u>	<u>2004 WEST FLETCHER ST.</u>	<u>CHICAGO / IL / 60618</u>

REINSTATEMENT
07-08

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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

12/17/07

Date

954 914 1801

Daytime Phone #