

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000102362

Entity Name: MCCABE MANAGEMENT, INC.

FILED
Dec 03, 2009
Secretary of State

Current Principal Place of Business:

4516 HIGHWAY 20 EAST PMB #117
NICEVILLE, FL 325789755

New Principal Place of Business:

Current Mailing Address:

4516 HIGHWAY 20 EAST PMB #117
NICEVILLE, FL 325789755

New Mailing Address:

FEI Number: 72-1289176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCABE, JAMES E
4334 SUNSET BEACH CIRCLE
NICEVILLE, FL 325784820 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES MCCABE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TPD () Delete
Name: MCCABE, JAMES E
Address: 4334 SUNSET BEACH CIRCLE
City-St-Zip: NICEVILLE, FL 325784820

Title: DS () Delete
Name: MCCABE, PH.D., BHRETT A
Address: 1040 GREYSTONE COVE DRIVE
City-St-Zip: BIRMINGHAM, AL 352427043

Title: DVP () Delete
Name: MCCABE, MARY J
Address: 4334 SUNSET BEACH CIRCLE
City-St-Zip: NICEVILLE, FL 325784820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MCCABE

Electronic Signature of Signing Officer or Director

TPD

12/03/2009

Date