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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

14 DEC 29 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P07000134904

1. Corporation Name

MEEHAN & CO. FLA, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
41 Prospect Street	P.O. Box 280
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Midland Park, NJ	City & State: Midland Park, NJ
Zip: 07432 Country: Bergen	Zip: 07432-0280 Country: Bergen

4. Date Incorporated or Qualified To Do Business in Florida: 12/26/2007

5. FEI Number: 300454090 — 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: Kristin Conroy c/o Conroy, Conroy & Durant P.A.

Street Address (P.O. Box Number is Not Acceptable): 2210 Vanderbilt Beach Road

Suite, Apt. #, Etc.: Suite 1201

City: Naples State: FL Zip Code: 34109

000267842980

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: Kristin McConroy Date: 12/19/2014

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
	Darrell Meussner, Director, Pres., Sec., & Tres.	41 Prospect Street	Midland Park, NJ 07432

10. E-mail Address: darrell@meehaninc.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Darrell J. Meussner 12/23/14 (201) 689-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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FILED
14 DEC 29 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195

REFERENCE : 437663 4372680

AUTHORIZATION : Lynn Coleman

COST LIMIT : $750.00

ORDER DATE : December 29, 2014

ORDER TIME : 4:01 PM

ORDER NO. : 437663-005

CUSTOMER NO: 4372680

DOMESTIC FILINGS

NAME: MEEHAN & CO. FLA, INC.

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 DEC 29 PM 4:32

ALL ENCLOSED TO ACKNOWLEDGE SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____