

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 26 PM 2:11

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****550.00 ****550.00



REINSTATEMENT 01

DOCUMENT # **P08239**

1. Corporation Name

MCO INDUSTRIES, INC.

Principal Place of Business

Mailing Address

ROAD 183, KM5
SAN LORENZO, PUERTO RICO 00754
OC

P.O. BOX 1264
SAN LORENZO, PUERTO RICO 00754
OC

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/02/1985

5. FEI Number

66-0347081

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MCCOMAS, JOHN	P.O. BOX 158 N/A	MAUNABO, PUERTO RICO 00707
TD	MCCOMAS DE MIRO, NILDA	P.O. BOX 1264 N/A	SAN LORENZO, PUERTO RICO 00754
ATD	MIRANDA, ANGEL M	P.O. BOX 1264 N/A	SAN LORENZO, PUERTO RICO 00754
AS	NEVAREZ, ANDRES	P.O. BOX 158 N/A	MAUNABO, PUERTO RICO 00707
D	MCCOMAS, HUGH	P.O. BOX 1264 N/A	SAN LORENZO, PUERTO RICO 00754

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8. Name and Address of Current Registered Agent

CROWELL, PATRICK C
320 N. MAGNOLIA AVE.
B-9
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name **JAMES P. MCCOMAS**
Street Address (P.O. Box Number is Not Applicable) **888 EAST KEENE ROAD**
Suite, Apt. #, Etc.
City **APOPKA** State **FL** Zip Code **00703**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10-24-01**

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-01

Date

(787) 736-8240

Daytime Phone #

CR2E040 (8/01)