

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Hendra B. Morthland Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000093500			
1. Corporation Name McConnell Development, Inc.			
Principal Place of Business 4701 Forrest Drive Blairsville, GA 30512		Mailing Address P.O. Box 7063 Wesley Chapel, FL 33543	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida December 8, 1995	
		5. FEI Number 59-3350200 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, T, S D	Randall J. McConnell	4701 Forrest Drive	Blairsville, GA 30512
VP	Johnny L. Wild	26650 State Road 54	Lutz, Florida 33549
8. Name and Address of Current Registered Agent Jacob I. Reiber 26650 State Road 54 Lutz, Florida 33549		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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 <i>Jacob I. Reiber</i> REGISTERED AGENT MUST SIGN Date 11-10-97			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <i>Johnny L. Wild</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 11-25-97 (813) 991-7717 Daytime Phone #	

97 DEC -5 PM 2:33
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 2, 1997

~~MCGONNELL DEVELOPMENT, INC.~~
~~P.O. BOX 7063~~
~~TALLAHASSEE, FL 33543~~

CAPITAL CONNECTION, INC.
P. O. Box 10349, Tallahassee, FL 32302

SUBJECT: MCCONNELL DEVELOPMENT, INC.
Ref. Number: P95000093500

We have received your document for MCCONNELL DEVELOPMENT, INC. and check(s) totaling \$923.75. However, your check(s) and document are being returned for the following:

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Trevor Brumbley
Document Specialist

Letter Number: 697A00056877

CORAPREIN

corrected

(file first)