PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P96000092091 DOCUMENT

1. Corporation Name

MCPHAIL HAULING, INC.

Principal Place of Business

Mailing Address

4734 19TH ST N ST PETERSBURG FL 33714 4734 19TH ST N

ST PETERSBURG FL 33714

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SECRETARY OF STATE TATLAHASSEE, FLORIDA

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.				TOURDERS OFFI OUT ANTODERS						
		ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 11/07/1996						
Suite, Apt.	#, etc.		Suite, Apt. #,	etc.	etc.				·	
					5. FEI Number	5. FEI Number Applied Fo				
City & State City & State				59-3430197 Not Applic		Not Applicable				
Zip	ip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status					
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corporat	ions must list at lea	st 3 directors)			
Title(s) 1			Street Address of Each Officer and/or Director			City / State / Zip				
D	MCPHAIL, PATRICK A 4734 19TH ST		H ST N			ST PETERSBURG FL 33714				
D MCPHAIL, PAULINE R		4734 19TH ST'N 5355 M.L. KING ST. PETERSBURG, FL			ST PETERSBURG FL 33714 3370 3					
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	8. Nam	e and Address of Curren	t Registered Age	ent			Name and Address of New Registered Agent			
MCPHAIL, PAULINE R 4734 19TH ST N ST PETERSBURG FL 33714			Street Address (P.O. 473 - Suite, Apt. #, Etc.		rick MCPhail P.O. Box Number is Not Acceptable) 34 19th St. N					
							e Zip Code			
				St. Petersburg		FL	33703			
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. or 617.0505, F.S.										
Signature of Registered Agent REGISTERED AGENT MUST SIGN										

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 filling 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:

Patrick McPhail 4734 19th Street North St. Petersburg, Florida 33714

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Fl 32314

October 20, 2003

To Whom it May Concern:

I am requesting a abatement of penalties and interest accrued on this account. The corporate renewal was not filed due to a series of medical and personal tragedies. In June of 2002 I suffered a massive heart attack. I was hospitalized into July. My recovery was long and hard and because of this all aspects of the corporation were left unattended to. All staff personal was let go and the company sat as an empty shell until June of this year. In addition to this, I moved from my primary residence to 131 42nd Ave N St. Petersburg. This move was necessary to aid in my recovery. Unfortunately, this meant I did not receive all my mail. I have recently moved back into my residence and all corporate functions are now again active.

If you look at the corporate record, we have always filed timely. It is unfortunate that these things occur but life is such. Please review this case with these circumstances and graciously abate the late filing fee. All filings in the future will be kept timely.

Thank you for your assistance.

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Patrick McPhail

President