

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 20 PM 3:07

SECRET
TAMPA, FLORIDA

DOCUMENT # P96000095542

1. Corporation Name

MCCLEARY, INC.

Principal Place of Business

#9 HAMILTON HEATH DRIVE
TAMPA FL 33604
US

Mailing Address

P.O. BOX 3607
TAMPA FL 33607
US

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

2. New Principal Office Address, If Applicable

6802 W. HILLSBORO AVE

Suite, Apt. #, etc.

SUITE # 7

City & State

TAMPA, FLORIDA

Zip

33615-5004

Country

USA

3. New Mailing Office Address, If Applicable

5116 N. ARMENIA AVE

Suite, Apt. #, etc.

(N/A)

City & State

TAMPA, FLORIDA

Zip

33603-1406

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1996

5. FEI Number

59-3446300

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MCCLEARY, HOWARD SR	#9 HAMILTON HEATH DRIVE P.O. Box 9697	TAMPA FL 33674-9697
			200009745902 12/30/02--01093--009 **150.00

8. Name and Address of Current Registered Agent

MANEY, RICHARD HENRY ESQ
C/O RICHARD MANEY & ASSOCIATES, P.A.
101 EAST KENNEDY BLVD, STE 9170
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

JACK CARCOPA III

Street Address (P.O. Box Number is Not Acceptable)

C/O SUNCOAST ACCOUNTING SERVICES, INC.

Suite, Apt. #, Etc.

5116 N. ARMENIA AVE

City

TAMPA

State

FL

Zip Code

33603-1406

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/26/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/26/02 (813) 220-5209

CR2EC040 (8/02)

McCleary, Incorporated

Post Office Box 9697
Tampa, Florida 33674-9697
Phone (813) 881-0028

December 26, 2002

RE: P96000095542

Florida Department of State
Division of Corporations
Annual Reports Section
Post Office Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

As we failed to file our 2002 Uniform Business Report (UBR), your office effected an administrative dissolution of our corporation on October 4, 2002.

This letter is to inform you of the reasons for our failure to file the UBR.

As the president of the corporation, I am solely responsible for administrative matters such as this. Unfortunately, I suffer from a series of severe health problems that have plagued me for years and have recently worsened. Due to acute respiratory dysfunction, I have only part of one lung; having had one and a portion of the other removed some time ago. In addition, I am afflicted with advanced diabetes. As a result of the circulatory problems associated with the diabetes, my kidneys have been adversely affected and I just recently began dialysis treatments three days per week.

As a result of my medical condition, my attention to the daily affairs of the corporation has diminished. My daughter, who was not familiar with the UBR or its importance, has assumed most of my management duties. As a result of this dissolution, however, she is fully aware of the UBR requirements.

I respectfully request that you rescind the dissolution in light of the extenuating medical circumstances and that you accept the enclosed check in full payment of our 2002 UBR fees.

Documentation of my condition will be provided at your request, and I have taken the necessary steps to ensure that future UBR filings will not be overlooked should I be indisposed. I have designated my accountant as the new registered agent and have designated his address as the new corporate mailing address to ensure all future filings receive our prompt attention.

I respectfully request that you afford this request your prompt attention.



Howard D. McCleary, President

HDM/owp