

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000017452

1. Corporation Name

MCCARTHY ENTERPRISES OF MANATEE, INC.

Principal Place of Business 6118 Riverview Blvd. Bradenton FL 34209

Mailing Address 6118 Riverview Blvd. Bradenton FL 34209

99 MAY 25 11:12:50

REINSTATEMENT

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
4. Date Incorporated or Qualified To Do Business in Florida 02/24/97
5. FEI Number
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PVSTD, McCarthy, Dorothis E., 6118 Riverview Blvd., Bradenton FL 34209

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-05/26/99 -01030-014
****908.75 ****908.75

8. Name and Address of Current Registered Agent: Galvano, William S., 1023 Manatee Avenue West, Bradenton, FL 34205
9. Name and Address of New Registered Agent

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]
Date: 5/24/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [] No []

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)(j), 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] Dorothis E McCarthy 5/24/99 941-792-7633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12-98)