

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FILED

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC 18 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



DOCUMENT # P97000036282

1. Corporation Name

FEEHAN & MCMENAMAN INC.

Principal Place of Business

1554 S. FEDERAL HWY
DELRAY BEACH FL 33483

Mailing Address

1554 S. FEDERAL HWY
DELRAY BEACH FL 33483



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

1251 NW MAYNARD RD

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

357

5. FEI Number

65-0747659

Applied For

Not Applicable

City & State

City & State

Carly

NC

Zip

Country

Zip

Country

27513

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
P	FEEHAN, WILLIAM B	202 NE 11TH AVE APT 6	DELRAY BEACH FL 33483
VP	MCMENAMAN, GREGORY C	266 SW 3RD AVE	BOYNTON BEACH FL 33435

700009582347
12/18/02--01066--013 **150.00

AB 12/20

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCMENAMAN, GREGORY C
1554 S. FEDERAL HWY
DELRAY BCH FL 33483

Name

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

226 SW 3rd Ave

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

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

11-2-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-2-02

Daytime Phone #

561 376 7700

CR2040 (8/02)

Feehan & McMenaman Inc.,
Jersey Mike's Subs

1554 South Federal Hwy
Delray Beach, FL 33483

December 11, 2002

Dear Sir or Madam:

In accordance with your policies I am writing to inform your office the two prior UBR notices were not received. The mailing address has changed and is corrected on the enclosed application.

Sincerely,

A handwritten signature in black ink, appearing to read "Gregory C. McMenaman", followed by a long horizontal line.

Gregory C McMenaman
Vice President