

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL -8 AM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000036282

**1. Corporation Name**

FEENAN & MC MENANAN INC.  
1554 S. FEDERAL HWY.  
DELRAY BEACH FL. 33483

**2. Principal Office Address**

1554 S. FEDERAL HWY  
Suite, Apt. #, etc.

**3. Mailing Office Address**

SAME  
Suite, Apt. #, etc.

**City & State**

DELRAY BEACH FLORIDA  
Zip 33483 Country U.S.

**City & State**

Zip Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/23/1997

**5. FEI Number**

650747659

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

GREGORY MC MENANAN

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

226 SW 3RD AVE

**Suite, Apt. #, Etc.**

**City**

BOYNTON BEACH

**State**  
FL

**Zip Code**

33435

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of  
Registered Agent**

GREGORY MC MENANAN  
REGISTERED AGENT MUST SIGN

Date 6-27-04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	WILLIAM B FEENAN	202 NE 11TH AVE APT 6 DELRAY BEACH FL. 33483	
VP	GREGORY C. MC MENANAN	226 SW 3RD AVE BOYNTON BEACH FL. 33435	

**10. 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:**

GREGORY MC MENANAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY MC MENANAN 6-27-04  
Date

Daytime Phone #

561-239-9480

CR2001 (01/04)

1554 South Federal Hwy  
Delray Beach Florida 33483

## Feehan & McMenaman

June 27, 2004

Florida Department Of State  
Tallahassee, Florida 32315  
Reference: Reinstatement of Corporation

*To Whom It May Concern: Please be advised that we never received our annual reports to keep our corporation active. Enclosed you will find the reinstatement form, I would appreciate you waiving the late fees. I can assure you that we will stay current from this point forward. In the future, please forward all correspondence to the above address. I thank you for your assistance.*

Sincerely,

  
Greg McMenaman  
President