

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PAGE 1 of 2

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra L. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -8 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000076675**

1. Corporation Name

MICHAEL J. MCNAMEE INC.

Principal Place of Business

Mailing Address

**85 BAY WOODS DR.
SAFETY HARBOR, FL 34695**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	MICHAEL J. MCNAMEE 85 BAY WOODS DR.	85 BAY WOODS DR.	SAFETY HARBOR, FL 34695

100002708051--3

-12/08/98--01111--021

******150.00 ****150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MICHAEL J. MCNAMEE
85 BAY WOODS DR.
SAFETY HARBOR, FL 34695**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Michael J. McNamee

REGISTERED AGENT MUST SIGN

Date **12-2-98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☐

(See other side for information
on intangible tax.)

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)(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:

Michael J. McNamee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-725-2490

Daytime Phone #

CR2040 (1/98)

- DO NOT REMOVE -

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Florida Dept. of State
Division of Corporations
P.O. Box 8327
Tallahassee, Fl. 32314

8-31-98

Dear Sir,

I am a semi retired recently incorporated insurance representative. I have just become aware of a deadling penalty that I missed for filing with your department. I never received any notification nor was I informed by my tax accountant. Would you consider these facts and accept my check for \$150 and waive the penalty?

Sincerely,

Michael J. McNamee

Michael J. McNamee
85 Baywood Dr
Safety Harbor, Fl. 34695
(727) 725 2490

Dear Sir,

Sorry for the delay - involved in car accident,

M. J. McNamee