

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000053811

1. Corporation Name

MCCRANELS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1914 HIGHRIDGE ROAD
LAKE WORTH FL 33461

1914 HIGHRIDGE ROAD
LAKE WORTH FL 33461

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

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1998

5. FEI Number

65-0604101

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
D	MCCRANELS, PAUL A	1914 HIGHRIDGE ROAD	LAKE WORTH FL 33461
			600024265536 10/30/03--01007--015 **150.00
			600024265536 10/30/03--01007--016 **8.75

8. Name and Address of Current Registered Agent

MCCRANELS, PAUL A
1914 HIGHRIDGE RD
LAKE WORTH FL 33461

9. Name and Address of New Registered Agent

Name

SAME

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Paul A. McCranels
REGISTERED AGENT MUST SIGN

Date Oct 27 2003

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 #

561-588-9751
PAUL A. MCCRANELS Oct 27-03

CR20040 (7/03)



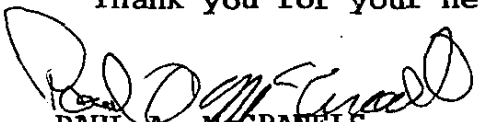
Paul McCranels Plumbing

1914 High Ridge Road
Lake Worth, FL 33461
Phone/Fax (561) 588-9751
Cellular (561) 252-8128

To whom it may concern,

I, Paul A. McCranels, did not receive the two prior uniform business report notices. Therefore I am sending you my 150.00 reinstatement and the 8.75 for a certificate of status.

Thank you for your help.



PAUL A. MCCRANELS