

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 PM 12:48

DOCUMENT # P98000078302

1. Corporation Name

McNeil Management Associates Inc

2. Principal Office Address - No P.O. Box #

8703 Scandanavia Blvd

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33833

Country

US

3. Mailing Office Address

PO Box 91013

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33804

Country

US

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9-4-98

5. FEI Number
59-3548979

☐ 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

Barbara McNeil

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

8703 Scandanavia Blvd

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Barbara McNeil

Date 04-13-2008

REGISTERED AGENT MUST SIGN

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	Barbara McNeil	8703 Scandanavia Blvd	Lakeland, FL 33833

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 contained in Chapter 119, 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:

Barbara McNeil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-13-08

Date

863-665-6175

Daytime Phone #