

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000099661**

1. Corporation Name

MCLEANS AUTO & TRUCK RECYCLING INC.

Principal Place of Business

Mailing Address

3906 W NAVY BLVD
PENSACOLA FL 32507

3906 W NAVY BLVD
PENSACOLA FL 32507

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

03 DEC 19 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1999

5. FEI Number

59-3609242

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MCLEAN, DONALD	3906 W NAVY BLVD	PENSACOLA FL 32507
V	MCLEAN, LISA	3906 W NAVY	PENSACOLA FL 32507
S	COTTON, STEVE	3906 W NAVY BLVD	PENSACOLA FL 32507

000024935750

11/21/03--01080--007 **400.00

000024935750

12/19/03--01040--009 **200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCLEAN, LISA
9740 WANDA DRIVE
PENSACOLA FL 32501

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (7/03)

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

Lisa McLean

REGISTERED AGENT MUST SIGN

Date **11-17-03**

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.

850-4574141

SIGNATURE:

Lisa McLean Lisa McLean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-17-03