

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION.
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 NOV 19 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S 20888**

1. Corporation Name

**MC CLOSKEY CONSTRUCTION
CORPORATION**

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

5145 TOPAZ LN SW

3. Mailing Office Address

5145 TOPAZ LN. SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

Country

32968 USA

Zip

Country

32968 USA

600241943126

11/19/12--01016--034 **935.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1995

5. FEI Number

650235463

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

GEORGE MC CLOSKEY

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

5145 TOPAZ LN SW

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32968

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:

George McCloskey
REGISTERED AGENT MUST SIGN

Date **14 Nov 2012**

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

10. E-mail Address: **9AMCC2@BELL.SOUTH.NET**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

George McCloskey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Nov 2012 772-794-3424
DATE DAYTIME PHONE