

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 28 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **542409**

1. Corporation Name

MCLEAN INVESTMENT COMPANY, INC.

2. Principal Office Address

201 N. Franklin Street

3. Mailing Office Address

P.O. Box 21

Suite, Apt. #, etc.

Suite 2200

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33602

Country

U.S.A.

Zip

33601

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida **4/1/1991**

5. FEI Number

59-3060075

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

William C. McLean, Jr.

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

201 N. Franklin Street

Suite, Apt. #, Etc.

Suite 2200

City

Tampa

State
FL

Zip Code
33602

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

William C. McLean, Jr.

REGISTERED AGENT MUST SIGN

Date **4-26-01**

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
PT	William C. McLean, Jr.	201 N. Franklin St., #2200	Tampa, FL 33602
VPS	Robert D. McLean, Jr.	c/o Rocke, McLean & Sbar, 100 N. Tampa St., #3575	Tampa, FL 33602

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 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:

William C. McLean, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 (813) 273-5050

Date

Daytime Phone #

CR2E081 (01/04)

GRAY | ROBINSON
ATTORNEYS AT LAW

William C. McLean, Jr.

813-273-5050

BMCLEAN@GRAY-ROBINSON.COM

SUITE 2200
201 N. FRANKLIN STREET (33602)
POST OFFICE BOX 3324
TAMPA, FL 33601
TEL 813-273-5000
FAX 813-273-5145
gray-robinson.com

CLERMONT
KEY WEST
LAKE LAND
MELBOURNE
ORLANDO
TALLAHASSEE
TAMPA

April 26, 2004

VIA FEDEX

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

**Re: McLean Investment Company, Inc.
FEI No. 59-3060075**

Dear Sir/Madam:

Enclosed please find a Corporation Reinstatement form for the above-referenced corporation, together with a check in the amount of \$450.00.

Please be advised that I have not received annual report forms for 2002, 2003 or 2004. As such, I would appreciate your waiving the reinstatement fee.

Should you have any questions or require anything further, please contact me.

Sincerely,


William C. McLean, Jr.

WCMJR/lmr
Enclosures