

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *S 44265*

1. Corporation Name

MCLEOD SERVICES, INC.

2. Principal Office Address

7733 St. Rd. 72

Suite, Apt. #, etc.

City & State

Sarasota, FL 34241

Zip

34241

Country USA

Sarasota

3. Mailing Office Address

P. O. Box 5848

Suite, Apt. #, etc.

City & State

Sarasota, FL 34277-5848

Zip

34277-5848

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/8/91

5. FEI Number

650255793

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

JAMES A. McLEOD

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

7733 St. Rd. 72

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code
34241

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12-20-01

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
P	James A. McLeod	9709 289th St. E.	Myakka, FL 34251
D	Charles E. McLeod	6152 279th St. E.	Myakka City, FL 34251

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. McLeod

12-20-01

Date

941-922-1961

Daytime Phone #

FILED

01 DEC 21 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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