

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 353006

1. Corporation Name

MCDONALD CONTRACTING, INC.

FILED

03 NOV 10 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

3030 N PACE BOULEVARD
PENSACOLA FL 32505-5654
US

3030 N PACE BOULEVARD
PENSACOLA FL 32505-5654
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1969

5. FEI Number

59-1289589

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	CARTER, HUGH B (X) DELETE	7900 THOMLEY TRAIL ROAD	PENSACOLA FL 32526
VPSD	BEAUDETTE, JEROME' M	424 WARWICK DRIVE	GULF BREEZE FL 32561
PTD	MCDONALD, G. E. (X) CHANGE	35 SHORELINE DRIVE	GULF BREEZE FL 32561

600024529146
11/10/03--01007--020 **758.75

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCDONALD, G.E.
35 SHORELINE DR.
GULF BREEZE FL 32561

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

G. E. McDonald
REGISTERED AGENT MUST SIGN

Date

11/5/03

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.

SIGNATURE:

G. E. McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. E. MCDONALD

Date

11/5/03

Daytime Phone #

850-438-6661

CR2E040 (7/03)