

**2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 29, 2008  
Secretary of State**

DOCUMENT# 744406

Entity Name: MCDONALD'S TAMPA BAY MARKETING ASSOCIATION, INC.

**Current Principal Place of Business:**

4908 WEST NASSAU STREET  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

4908 WEST NASSAU STREET  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 59-1894030      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PETERSON, CHUCK  
4908 WEST NASSAU STREET  
TAMPA, FL 33607      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHUCK PETERSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BROWN, STEUART  
Address: POST OFFICE BOX 873  
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: V      ( ) Delete  
Name: REED, BRUCE  
Address: 1715 BARTOW ROAD  
City-St-Zip: LAKELAND, FL 33801

Title: S      ( ) Delete  
Name: SCHREYES, DON  
Address: 4908 WEST NASSAU STREET  
City-St-Zip: TAMPA, FL 33607

Title: T      ( ) Delete  
Name: PETERSON, CHUCK  
Address: 4908 WEST NASSAU STREET  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHUCK PETERSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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10/29/2008

\_\_\_\_\_  
Date