

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED

02 FEB -4 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001750**

1. Corporation Name

**THE MERCHANTS ASSOCIATION OF  
DOWNTOWN DUNEDIN, INC.**

2. Principal Office Address

**595 MAIN STREET**

Suite, Apt. #, etc.

City & State

**DUNEDIN, FL**

Zip

**34698**

Country

**USA**

3. Mailing Office Address

**595 MAIN STREET**

Suite, Apt. #, etc.

City & State

**DUNEDIN, FL**

Zip

**34698**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/20/93**

5. FEI Number

**59-3180141**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

*[Handwritten Signature]*

97-02

7. Name and Address of Current Registered Agent

Name

**JOHN HUBBARD**

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

**595 MAIN STREET**

Suite, Apt. #, Etc.

City

**DUNEDIN, FL**

State  
**FL**

Zip Code

**34698**

800005022178--9  
-02/26/02--01085--002  
\*\*\*\*542.50 \*\*\*\*367.50

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

**1/3/02**

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
PRES	DAVID KAUFMAN	745 MAIN ST STE B	DUNEDIN, FL 34698
D	TRINA COONEY	465 MAIN ST	DUNEDIN, FL 34698
D	SHERIL CLAVS	451 GRANT ST	DUNEDIN, FL 34698
D	TRACIE GATTAS	1478 MAIN ST	DUNEDIN, FL 34698

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:

**DAVID KAUFMAN**

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/23/01**

Date

**727-733-5886**

Daytime Phone #

CR2E081 (8/00)