

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 MAY 29 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100103908461  
06/05/07--01033--011 \*\*481.25

**REINSTATEMENT**

100103908461  
06/05/07--01033--012 \*\*8.75  
CR2E08T (1707)

DOCUMENT # N97000006748

1. Corporation Name

MACKINNON FOUNDATION, INC.

2. Principal Office Address - No P.O. Box #

334 Blanca Avenue

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33606

Country

USA

3. Mailing Office Address

334 Blanca Avenue

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33606

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/1997

5. FEI Number

59-3493016

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**7. Name and Address of Current Registered Agent**

Name

Alexander D. MacKinnon, III

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

334 Blanca Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

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

*Alexander D. MacKinnon, III*

REGISTERED AGENT MUST SIGN

Date

5-22-07

**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
PSTD	Alexander D. MacKinnon, III	334 Blanca Avenue	Tampa, Florida 33606
D	Alexander D. MacKinnon, IV	4101 West Morrison Avenue	Tampa, Florida 33629
D	Darcy L. Davis	23 Park Terrace Drive	St. Augustine, Florida 32083
D	Katherine E. Hill	6522 Longwood Trace Lane South	Lakeland, Florida 33811
D	Dorothy C. Berger-MacKinnon	334 Blanca Avenue	Tampa, Florida 33606

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813

5-22-07 621-4671