

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name PO2000092045
MCDONAGAU, INC

2. Principal Office Address

750 SE 3rd Ave
Suite, Apt. #, etc. #300

City & State

Ft. Lauderdale FL

Zip 33316 Country USA

3. Mailing Office Address

750 SE 3rd Ave
Suite, Apt. #, etc. #300

City & State

Ft. Lauderdale, FL

Zip 33316 Country USA

FILED

04 FEB 16 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04
MRS

4. Date Incorporated or Qualified

To Do Business in Florida 8-23-02

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

7. Name and Address of Current Registered Agent

Name

Harold Belshever

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

4875 N. Federal Highway, 7th Floor

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code
33309

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

Harold Belshever
REGISTERED AGENT MUST SIGN CR

Date 2/10/04

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
<u>D</u>	<u>Carl Korman</u>	<u>750 SE 3rd Ave #300</u>	<u>Ft. Lauderdale, FL 33316</u>

400029251844
02/23/04--01073--004 **308.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04
Date

919
826 7900
Daytime Phone #

232

LAW OFFICES
KARMIN ADLER & PADOWITZ

CARL S. KARMIN
RUSSELL S. ADLER
KENNETH D. PADOWITZ
MICHAEL E. FEINER

COURTHOUSE LAW PLAZA • SUITE 300
750 SOUTHEAST 3RD AVENUE
FORT LAUDERDALE, FLORIDA 33316

(954) 768-9060
FAX (954) 768-9030
INTERNET: WWW.JURYTRIAL.COM

February 10, 2004

State of Florida
Department of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Re-Instatement of McDougalls, Inc.
Corporate # P02000092045

To Whom It May Concern:

Please be advised that the undersigned did not receive a 2003 Annual Report form. Enclosed, please find our application for re-instatement, together with a check in the amount of \$308.75, for past due fees and a copy of the certificate of status. Please reinstate the above referenced corporation as soon as possible.

If you have any questions, please feel free to contact my office at 954-768-9060.

Very truly yours,

CARL S. KARMIN

:df
Enclosures