

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 19 PM 3:55

DOCUMENT # P99000014923

1. Corporation Name
 BRYAN MCDUFFIE, INC.

Principal Place of Business Mailing Address
 RT. 2, BOX 371 RT. 2, BOX 371
 MACCLENNY FL 32063 MACCLENNY FL 32063



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 767 Stockton St		4. Date Incorporated or Qualified To Do Business in Florida 02/15/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3560966	
City & State		City & State Seaf, FL		Applied For Not Applicable	
Zip	Country	Zip 32204	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MCDUFFIE, BRYAN A	RT. 2, BOX 371	MACCLENNY FL 32063

09/05/00 90027 019 150.00

8. Name and Address of Current Registered Agent FRANK E. MALONEY, JR., P.A. 445 E. MACCLENNY AVE. MACCLENNY FL 32063		9. Name and Address of New Registered Agent Name: Annette C. Bussell Street Address (P.O. Box Number is Not Acceptable): 767 Stockton Street Suite, Apt. #, Etc.: City: Jacksonville FL Zip Code: 32204	
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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.
 Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: 10-23-00

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Bryan McDuffie Date: 904-259-2022 Daytime Phone # AD

CR2040 (8/00)

October 24, 2000

Subject: **Bryan McDuffie, Inc.**

Reference Number: P99000014923

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314-6327

To Whom It May Concern:

I recently received a notice of administrative dissolution or revocation of my corporation and I made a call to your office and was advised that you had received payment and my report but that my report lacked my FEI number. I was also advised that you notified me by mail of this mistake and I regret to say that I did not receive the last correspondence from your office, if I had I certainly would have corrected the problem promptly. I am requesting that the reinstatement fee be waived, as I was not aware that there was a problem and I did pay the annual report fee and corporate supplemental fee on time. Please Find enclosed a corrected report including my FEI number.

Respectfully,



Bryan McDuffie
President
Bryan McDuffie, Inc.