

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 21 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 281302

1. Corporation Name

DONNA J. CORPORATION

2. Principal Office Address

1520 NE 43 ST

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip

33064

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

SAME

REINSTATEMENT 12/20/06

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/12/64

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

NEIL PRIDEMORE

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

1520 NE 43 ST

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

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

Neil Pridemore

REGISTERED AGENT MUST SIGN

Date 12/20/06

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
PD	PRIDEMORE, NEIL	1520 NE 43 ST	POMPANO FL 33064
STD	DESVERGERS, DONNA J.	3771 NE 18 ST	POMPANO FL 33064
D	MCDONALD, TERRY	Box 902 LAKE	LAKE CITY FL

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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:

Neil Pridemore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/06

Date

954-709-5664

Daytime Phone #