PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

VAPPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

579741 **DOCUMENT #** 

1. Corporation Name

Donahue Enterprises, Inc.

Principal Place of Business

Malling Address

APPROVED AND

97 JUL 22 AM 7: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Donahua 7/18/97 (850)438

		Gregory St.		Gregor ola, Fl							•	
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If above a	ddresses are	Incorrect in any way, line the	rough incorrect in	formation are	d enter e	correction I	elow.	illing.	TATEME		96-97	
2. New Prin	ing Office Address, If Applicable				Date Incorporated or Qualified     To Do Business in Florida 07/20/1978							
Suite, Apt. #, etc. Suite, Apt			Sulte, Apt. #,	#, etc.				e ee to the contract of				
City & State City			City & State	City & State				1	7,551100		Applied For Not Applicable	
Zip Country			Zip Country			,					5 Additional Fee required or a Certificale of Status	
7. Names a	and Street Ad	Idresses of Each Officer and	or Director (Flor	rida nonprofit	corpora	tions must	list at lea	ast 3 directors)				
Title(s)							s of Each Director ice Box N	•	City / State / Zip			
PD	David James Donahue			875 E	. Gr	egory	St.		Pensacola,	FL	32501	
STD	Franc	es W. Donahue		875 E	. Gr	egory	St.		Pensacola,	FL	32501	
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									20	11/2	丛	
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent					
Don'd I Don'don						Name						
D <b>avid J. Dona</b> hue 875 E. Gregory St.						Street Address (P.O. Box Number is Not Acceptable)						
			Suite, Apt. #, Etc.									
						City			)	State	Zip Code	
	(1	repistered agon of the abo	ve named corpo	ration, am fan	nlliar wit	h and acce	pt the ob	oligations of Secti	ion 607.0505, F.S.			
Signature of Registered A	Agent		GISTERED AGE	Q ENT MUST SI	GN	<u> </u>	·. :	. ==	Date	<del></del>		
11. Do De	es this o	corporation pay a evenue under S.	ny intang 199.032,	ible tax Florida	to the	e Ites.	Yes [	X No [			for information ible tax.)	
this reins owed by	statement app the corporati	officer or director or the recel- olication, the reason for disso on have been paid and the r rue and accurate, and my sig	lution has been o names of individu	eliminated, the lais listed on t	e corpoi this form	rate name : n do not qu	satislies t alify for a	the requirements an exemption und	of section 607,0401 or	617.040	1. F.S. that all fees	