PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **CORPORATION** 05 DEC -8 MII: 54 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS BECRETARY OF STATE DOCUMENT # McDonald's Tompa Bay Marketing Association, Inc. 2. Principal Office Address 3. Mailing Office Address 4908 W. Nassau St 4908 W Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied For 1 cm Da 59-1894030 Not Applicable CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent Name eterson r v Ch Street Address (P.O. Box Number is Not Acceptable) Street 4908 Nassau Suite, Apt. #, Etc. City Zip Code 3360 T I, being appointed the registered agent of the am familiar with and accept the obligations of section 607.0505 or 617.0503. F.S. Date 1/15/05 Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors Titles City / State / Zip 4908 W NOSSAN ST

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 filling 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

SIGNING OFFICER O

on this application is true and accurate, and my signatury shall have the same legal effect as if made under oath.

TYPED OR PRINTED NAM

SIGNATURE:

B. Mitchell DEC 9 2009

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