

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB 10 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F76424

**1. Corporation Name**

Macdo, Inc.

**2. Principal Office Address**

111 S. Orlando Ave.

Suite, Apt. #, etc.

City & State

Maitland, FL

Zip

32751

Country

USA

**3. Mailing Office Address**

111 S. Orlando Ave.

Suite, Apt. #, etc.

City & State

Maitland, FL

Zip

32751

Country

USA

**REINSTATEMENT** 99-03

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

4/15/82

**5. FEI Number**

59-2180698

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

Joel O. Lederer, Esquire

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

3701 Tamiami Trail

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33952

**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

REGISTERED AGENT MUST SIGN

Date January 31, 2003

**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
PST	Cynthia S. Macmillan	470 Marigold Road	Casselberry, FL 32707
V	Alexander S. Macmillan	470 Marigold Road	Casselberry, FL 32707

**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)(f), 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:**

Cynthia S. Macmillan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-03 407-644-9528

Date

Daytime Phone #

CR2E081 (10/02)

js 2/13

JOEL O. LEDERER

*Attorney and Counselor at Law*

3701 TAMiami TRAIL

PORT CHARLOTTE, FLORIDA 33952

SUPREME COURT CERTIFIED  
CIRCUIT AND COUNTY MEDIATOR

TELEPHONE (941) 625-6801  
FAX (941) 625-6810

February 3, 2003

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: Macdo, Inc. - Document #F76424  
Application for Reinstatement

Dear Sir or Madam:

Enclosed herewith please find an original application for the reinstatement of Macdo, Inc., a Florida profit corporation previously assigned Document #F76424. This corporation was administratively dissolved in 1999 for failure to file an annual report. The application for reinstatement lists the present officers of the corporation and bears my signature as the current registered agent.

Additionally enclosed please find my trust account check #1830 made payable in the amount of \$1,358.75 to cover the \$1,350.00 reinstatement fee and \$8.75 for a Certificate of Status. Please forward the reinstatement letter and Certificate of Status directly to this office.

If you should have any questions or comments please do not hesitate to contact me. Your cooperation in this matter is greatly appreciated.

Yours very truly,

  
Joel O. Lederer

JOL:ks

Enclosures as stated