

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G18225

1. Corporation Name

BOYD'S AND MCCORD, INC.

2. Principal Office Address

623 N. RAILROAD AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

623 N. RAILROAD AVE.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH

City & State

BOYNTON BEACH, FL.

Zip

33435

Country

PALM BEACH

Zip

33435

Country

PALM BEACH

REINSTATEMENT

02-03

FILED
03 DEC 12 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600025467496

12/12/03--01068--030 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

01-11-1983

5. FEI Number

592245659

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

YOHE, MARK D.

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

680 W. INDUSTRIAL AVE.

Suite, Apt. #, Etc.

3 AND #4

City

BOYNTON BEACH

State

FL

Zip Code

33426

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

Mark D. Yohe

Date 12-11-03

REGISTERED AGENT MUST SIGN

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
PS	MCCORD, THOMAS L.	719 S.W. 27TH WAY	BOYNTON BEACH, FL. 33435
VPT	MCCORD, MARY	719 S.W. 27TH WAY	BOYNTON BEACH, FL. 33435

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)(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

12-11-03

Date

561-704-1141

Daytime Phone #

CR2E081 (10/02)

PK

PERRY & KERN, P.A.
ATTORNEYS AT LAW

50 S.E. FOURTH AVENUE
DELRAY BEACH, FLORIDA 33483

TELEPHONE 561.276.4146
FACSIMILE 561.276.3859

December 11, 2003
Via Federal Express

Florida Department of State
Division of Corporations
Attention: Sean Toner
403 E. Gaines St.
P.O. Box 6327
Tallahassee, FL 32314

RE: BOYD'S AND MCCORD, INC.
DOCUMENT NUMBER G18225; FEI NUMBER 592245659
REINSTATEMENT SECTION "NON-RECEIVED"

Dear Mr. Toner:

This office represents Thomas L. McCord regarding Boyd's and McCord, Inc. Mr. McCord has recently discovered that the Annual Report was never received for 2002 and also for the year 2003, therefore his status was changed to "Inactive". Therefore, I have enclosed the Corporation Reinstatement Form regarding Boyd's and McCord, Inc. Also enclosed is our trust account check in the amount of \$300.00 representing \$122.50 for the Annual Report Fee and \$177.50 for the Corporate Supplemental Fee to reinstate Boyd's and McCord, Inc. If you should have any questions, please do not hesitate to contact me. Your assistance in this matter is greatly appreciated.

Yours truly,


Mark A. Perry

smt
Enclosures

*Thanks for your
help Sean -*

*Sally
Happier Holidays!*

KEITH D. KERN

REAL ESTATE PARALEGAL
MICHELLE D. EDWARDS

LEGAL ASSISTANTS
SALLY M. TAYLOR
JENNIFER L. TORRENCE