

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 FEB 17 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K11320

1. Corporation Name

Don McKeever, P.A.

REINSTATEMENT 03-04

2. Principal Office Address

807 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

807 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

Zip

32789

Country

USA

400028219954

02/17/04--01025--011 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2874204

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

Don McKeever

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

807 W. Morse Blvd.

Suite, Apt. #, Etc.

Suite 200

City

Winter Park

State

FL

Zip Code

32789

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

Date

2/22/04

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
<u>PSD</u>	<u>Don McKeever</u>	<u>807 W. Morse Blvd, Ste 200</u>	<u>Winter Park, FL 32789</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don McKeever

Date

1/22/04

Daytime Phone #

407-628-4878

CR2E081 (10/02)