

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 17 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001406

1. Corporation Name

Tracy McGrady Foundation, Inc., The

REINSTATEMENT 02-03

900021628339
07/17/03--01065--007 **8.75

900021628339
07/17/03--01065--006 **297.50

2. Principal Office Address

114 W. Parrish St.

3. Mailing Office Address

P.O. Box 690637

Suite, Apt. #, etc.

5th Floor

Suite, Apt. #, etc.

City & State

Durham, North Carolina

City & State

Orlando, Florida

Zip

27701

Country

US

Zip

32869-0637

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/2001

5. FEI Number

58-2607562

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

Alexander C. Mackinnon

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

255 South Orange Ave.

Suite, Apt. #, Etc.

Suite 800

City

Orlando

State

FL

Zip Code

32801

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

Alexander C. Mackinnon

Date July 15, 2003

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
C/D/P	Tracy L. McGrady, Jr.	9209 Charles E. Limpus Rd.	Orlando, Florida 32836-5805
D/V	Wayne R. Hall	8733 Beckingham Place	Orlando, Florida 32836-5752
D/T/S	Gustavus Bass	113 Long Shadow Place	Durham, North Carolina 27713
V	Johnnie E. Lawson	1745 Hobbs Rd.	Auburndale, Florida 33823

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:

Gustavus Bass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/15/2003 (919) 287-3011

Date

Daytime Phone #

CRZE001 (10/02)

7/15