

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY 10 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000007497  
1. Corporation Name MACEDONIA DIVINE INC

2. Principal Office Address

3. Mailing Office Address

209 A JEFFERSON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Quincy Florida

Zip

32351

Country

Gadsden

Zip

32351

Country

Gadsden

4. Date Incorporated or Qualified  
To Do Business in Florida

10-22-01

5. FEI Number

☒ 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

Elnora B. Brown

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

706 Circle Drive

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

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

Elnora B. Brown

Date

5/10/04

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
P	Sharon J. HALL	581 SHILO RD	Quincy, FL 32351
P	GARY L. HALL	581 SHILO RD	Quincy, FL 32351
S	Elnora B. BROWN	706 Circle Drive	Quincy, FL 32351
T	Elnora B. BROWN	706 Circle Drive	Quincy FL 32351

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

Elnora B. Brown

5/10/04

Date

850 875-4091

Daytime Phone #

CR2E081 (01/04)