

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



APPROVED AND FILED  
 1998 MAR 10 AM 9:21  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N29546  
 1. Corporation Name McBride Hills Association, Inc

Principal Place of Business Mailing Address  
 7834 McClure Drive  
 TALLAHASSEE, FL 32312

400002454344--5  
 -03/11/98--01109--004  
 \*\*\*\*\*542.50 \*\*\*\*\*542.50

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
 2. New Principal Office Address, If Applicable  
 7834 McClure Drive  
 Suite, Apt. #, etc.  
 City & State TALLAHASSEE, FL  
 Zip 32312 Country LEON

3. New Mailing Office Address, If Applicable  
 Same  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida Dec 5, 1988  
 5. FEI Number 59-2934589 Applied For Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/V/D	Dale Tadlock	7698 McClure Drive	TALLAHASSEE, FL 32312
T/Is/D	Jeff Mock	7834 McClure Drive	TALLAHASSEE, FL 32312
D	Bud Stockseth	7737 McClure Drive	TALLAHASSEE, FL 32312

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8. Name and Address of Current Registered Agent  
 Jeff Mock

9. Name and Address of New Registered Agent  
 Name Jeff Mock  
 Street Address (P.O. Box Number is Not Acceptable) 7834 McClure Drive  
 Suite, Apt. #, Etc.  
 City TALLAHASSEE State FL Zip Code 32312

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent Jeff Mock REGISTERED AGENT MUST SIGN Date 3/4/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: Jeff Mock Jeff Mock 3/4/98 575-8181 EXT 204  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2040 (1/98)