Applied For Not Applicable tional Fee required

•		PLEASE READ	ALL INST	RUCTI	ONS BEFORE C	OMPLET	ING THIS FORM	1.	110		
	RPORATI	Charles 1446									
DOCUMENT # N9700006673  1. Corporation Name							ALL AHASSEE, FLORIDA				
THE M	IARY SU	JSAN COULTER	DONOV	AN FO	UN				08-		
							REINSTATEMENT				
•		ess - No P.O. Box#	3. Mailing 0			300174531733 04/05/1001066007 **358.75					
Suite, Apt. #		ING OARS DIT	2804 SPREADING OAKS DR Suite, Apt. #, etc.				CR2E081 (11/	79)			
						4. Date Incorp	porated or Qualified ness in Florida 12/01/1	007			
City & State			City & State	ty & State					pplied For		
	RTH GA		ACWORTH GA			5. FEI Number 58235882			ot Applicab		
<sup>Zip</sup> 30101		Country	<sup>Zip</sup> 30101		Country US	6. CERTIFICATE	OF STATUS DESIRED	8.75 Additiona for a Certifica			
		7. Name and Address o	f Current Regis	tered Agen	t						
		ervice Company	☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive								
	lays Stre		,			the prior notices. By checking this box, you are certifying the prior notices were not					
Suite, Apt.			received and requesting the reinstatement								
city Tallaha	ssee				State Zip Code <b>FL</b> 32301-2525		waived.				
8. I, being	appointed the	e registered agent of the abo	ve named corpo	ration, am f	amiliar with and accept the o	bligations of secti	on 607.0505 or 617.0503, F.	.S.			
Signature o Registered		see attached	GISTERED AG	ENT MUST	SIGN		Date				
Q Names	and Stroot A	_			fit corporations must list at le	pet 3 directore)					
Titles	SIN DUBER	Name of Officers and/or Directors		Street Address of Each Officer and/or Director	City / State / 7in						
PSD	MARY	SUSAN COULTE	R DONC	2804 5	KS DR ACWORTH GA 30101						
VTD		E DONOVAN		(S DR ACWORTH GA 30101							

10. E-mail Address: GEODONOV@AOL.COM

SARAH DONOVAN

M. MILLIGAN **EXAMINER** 

APR - 7 2010

ACWORTH GA 30101

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as i

2804 SPREADING OAKS DR

made under oath.
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY SUSAN COULTER DONO√ A A

2/2

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION NSTATEME				Secretar	TMENT OF S y of State corporations	TATE						
DOCUMENT # N97000006673  1. Corporation Name													
THE MARY SUSAN COULTER DONOVAN FOUN													
2804 SPREADING OAKS DR 2804					SPREADING OAKS DR			CR2E081 (11/09)					
Suite, Apt. #, etc. Suite, Ap				Suite, Apt #	F, 8tG.			4. Date incorporated or Qualified To Do Rushess in Eloida 4.0 (0.4 4.0 0.7)					
City & Stat				1	City & State				To Do Business in Florida 12/01/1997  5. FEI Number Applied For				
ACWO	RTH GA	Country	<del></del> -	ACWOF	RTH GA	Country		582358820 Not A			Not Applicable		
30101	County		30101		us		6. CERTIFICAT	CERTIFICATE OF STATUS DESIRED S8.75 Additional for a Certificate of Status Desired Status Desire		tional Fee required tificate of Status			
		7. Nam	e and Address o	Current Regi	stered Ager	ıt .							
Street Add 1201 H Suite, Apt	Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.  City Tallahassee  State Zip Code FL 32301-2525								☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607,0505 or 817,0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date  Date								)					
9. Names	s and Street Add	ressas o	l Each Officer and	Vor Director (Fi	orida nonpro	fit corporations mus	t list at lea	st 3 directors)	<b>1</b>				
Tilles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City /	State / Zip			
PSD	MARY SUSAN COULTER DONG			2804 SPREADING OAKS			(S DR	ACWORTH GA	A 3010	11			
VTD	GEORGE DONOVAN			2804 SPREADING OAKS D			SDR	OR ACWORTH GA 30101					
D	SARAH [	ONO	NAVC		2804 S	PREADING	OAK	S DR	ACWORTH GA	3010	1		
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								÷ Territori 1 martin	emeneg 4 - Soley menger h	4: 5.			
<sup>10.</sup> E-ma	il Address	,GEC	DONOV@	AOL.CC			• ;	7.8 7.9	770-5	29-	1348		
To be used for future annual report notification  1. 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 filling 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. I further certify, the jeformation indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.  SIGNATURE MALL LAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone 8													