

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000006673**

1. Corporation Name

**THE MARY SUSAN COULTER DONOVAN FOUN**

2. Principal Office Address - No P.O. Box #

**2804 SPREADING OAKS DR**

Suite, Apt. #, etc.

City & State

**ACWORTH GA**

Zip

**30101**

Country

**US**

3. Mailing Office Address

**2804 SPREADING OAKS DR**

Suite, Apt. #, etc.

City & State

**ACWORTH GA**

Zip

**30101**

Country

**US**

**FILED**

10 APR -5 PM 2:58

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

08-10

**REINSTATEMENT**

**300174531733**  
04/05/10--01066--007 \*\*358.75

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida **12/01/1997**

5. FEI Number

**582358820**

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

**Corporation Service Company**

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

**1201 Hays Street**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**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 617.0503, F.S.

Signature of  
Registered Agent

*See attached.*

Date

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
PSD	MARY SUSAN COULTER DONOVAN	2804 SPREADING OAKS DR	ACWORTH GA 30101
VTD	GEORGE DONOVAN	2804 SPREADING OAKS DR	ACWORTH GA 30101
D	SARAH DONOVAN	2804 SPREADING OAKS DR	ACWORTH GA 30101
			<b>M. MILLIGAN EXAMINER</b>
			<b>APR -7 2010</b>

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

(To be used for future annual report notification)

*770-524-1348*

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 if made under oath.

SIGNATURE

*Mary Susan Coulter Donovan*

**MARY SUSAN COULTER DONOVAN**

**3/29/2010**


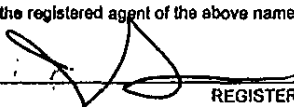
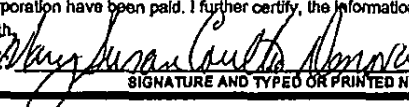
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

212

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N97000006673</b> 1. Corporation Name <b>THE MARY SUSAN COULTER DONOVAN FOUN</b>			
2. Principal Office Address - No P.O. Box # <b>2804 SPREADING OAKS DR</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>2804 SPREADING OAKS DR</b> Suite, Apt. #, etc.	
City & State <b>ACWORTH GA</b> Zip      Country <b>30101      US</b>		City & State <b>ACWORTH GA</b> Zip      Country <b>30101      US</b>	
7. Name and Address of Current Registered Agent Name <b>Corporation Service Company</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b> Suite, Apt. #, Etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>12/01/1997</b> 5. FEI Number <b>582358820</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City      State      Zip Code <b>Tallahassee      FL      32301-2525</b>		<input type="checkbox"/> 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 617.0503, F.S. Signature of Registered Agent  <b>Jeanine Reynolds</b> as its agent      Date <b>3-31-10</b> <div style="text-align: center; margin-top: -10px;">REGISTERED AGENT MUST SIGN</div>			
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
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D	SARAH DONOVAN	2804 SPREADING OAKS DR	ACWORTH GA 30101
10. E-mail Address: <b>GEODONOV@AOL.COM</b> 770-524-1348 <small>(To be used for future annual report notification)</small>			
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 if made under oath. <b>SIGNATURE</b>  <b>MARY SUSAN COULTER DONOVAN</b> Date <b>3/29/2010</b> <div style="text-align: center; margin-top: -10px;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>			