

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000002103

1. Corporation Name

MCDONALD FINANCIAL SERVICES, INC.

Principal Place of Business

660 CELEBRATION AVE.
140
CELEBRATION FL 34747

Mailing Address

660 CELEBRATION AVE.
140
CELEBRATION FL 34747

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2000

5. FEI Number

84-1199211

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MCDONALD, DONALD A	401 IRIS ST. 402 IRIS ST.	CELEBRATION FL 34747
D	MCDONALD, DEBRA E	401 IRIS ST. 402 IRIS ST.	CELEBRATION FL 34747

500008593275
10/25/02--01058--002 **150.00

8. Name and Address of Current Registered Agent

MCDONALD, DONALD A
660 CELEBRATION AVE.
140
CELEBRATION FL 34747

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date 10-23-02

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 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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02

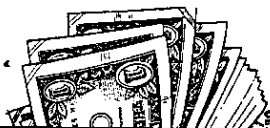
Date

407-566-1033

Daytime Phone #

CR2E040 (8/02)

2052



October 23, 2002

Department of State
Department of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Non-receipt of UBR notices and reinstatement
FEI # 84-1199211

Dear Sir/Madam,

I just received a copy of your "Notice of Administration Dissolution or Revocation" and have enclosed the form for reinstatement as required and the \$150 filing fee. This is the first I have seen such a form. As per the enclosed instruction, I would like to inform you that my office has received no previous Uniform Business Report notices. Thank you for your attention to this matter and the reinstatement of our corporation. If you have any questions, please call my office at 407-566-1033.

All the best,

Donald A. McDonald
President
McDonald Financial Services, Inc.

Enclosures

