

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 18 PM 1:19

**DOCUMENT #** P00000008213

**1. Corporation Name**

R. L. McBRIDE & ASSOCIATES, INC.

800004795608--3  
-01/25/02--01018--012  
\*\*\*\*900.00 \*\*\*\*900.00

**2. Principal Office Address**

1 KEY CAPRI

**3. Mailing Office Address**

1 KEY CAPRI

Suite, Apt. #, etc.

APT. 102-W

Suite, Apt. #, etc.

APT 102-W

City & State

TREASURE ISLAND, FL

City & State

TREASURE ISLAND, FL

Zip

33706-4958

Country

US

Zip

33706-4958

Country

US

**4. Date Incorporated or Qualified**  
To Do Business in Florida

01/18/2000

**5. FEI Number**

59-3646404

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-02

**7. Name and Address of Current Registered Agent**

Name

WALL, MARK M., ESQ.

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

721 FIRST AVENUE NORTH

Suite, Apt. #, Etc.

SUITE 107

City

ST. PETERSBURG

State

FL

Zip Code

33701

**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

REGISTERED AGENT MUST SIGN

Date Jan. 14, 2002

**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
DPT	McBRIDE, JULIE E.	1 KEY CAPRI, APT. 102-W	TREASURE ISLAND FL 33706
DVS	McBRIDE, MATTHEW D.	16300 BROOKWOOD CT	NORTHVILLE MI 48157

BR/23

**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)(l), 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:**

*Julie E. McBride* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JULIE E. McBRIDE PRESIDENT

Date

1-03-02 727-804-

Daytime Phone # 4032

CR2E081 (9/01)