

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY 13 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P-000000 - 32350*

1. Corporation Name

*McDowell Family Enterprises, Inc.*

2. Principal Office Address

*5960 Gulf of Mexico Dr*

Suite, Apt. #, etc.

City & State

*Longboat Key, FL*

Zip  
*34228*

Country

*USA*

3. Mailing Office Address

*5960 Gulf of Mexico Dr*

Suite, Apt. #, etc.

City & State

*Longboat Key FL*

Zip

*34228*

Country

*USA*

000037287140  
05/25/04--01010--012 \*\*1208.75

**REINSTATEMENT**

Date of Incorporation or Qualification  
To Do Business in Florida

*March 27 2000*

5. FEI Number

*65-0997718*

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

*John Hines*

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

*5960 Gulf of Mexico Dr.*

Suite, Apt. #, Etc.

City

*Longboat Key*

State

*FL*

Zip Code

*34228*

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

*John Hines*

REGISTERED AGENT MUST SIGN

Date *5-12-04*

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
<i>Pres + Chairman</i>	<i>Martha Hines</i>	<i>3636 Mincola Dr</i>	<i>Sarasota, FL 34239</i>
<i>vp.</i>	<i>John Hines</i>	<i>3960 Gulf of Mexico Dr</i>	<i>Longboat Key FL 34228</i>

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)(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:

*Martha Hines*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-12-04*

Date

*941-724-7199*

Daytime Phone #

CR2E081 (01/04)