

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 26 PM 1:52

DOCUMENT # *P-0000000 36813*

1. Corporation Name

Donaldson Enterprises, Inc

2. Principal Office Address

8691 wide Rd

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

8691 wide Rd

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/12/2000

5. FEI Number

59-3637729

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

Benge L Donaldson

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

8691 wide Rd

Suite, Apt. #, Etc.

City

Yall

State

FL

Zip Code

32305

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

Benge L Donaldson

Date

3-26-03

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
<i>P</i>	<i>Benge L Donaldson</i>	<i>8691 wide Rd</i>	<i>Yall, FL 32305</i>

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03/26/03-01065-001-***000.00

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:

Benge L Donaldson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03

Date

850-544-2359

Daytime Phone #

CR2E081 (10/02)

Donaldson Enterprises
8691 Wide Rd.
Tallahassee, FL 32305

Dept. of State
Tallahassee, FL

03/25/03

Attn: To Whom It May Concern

As of March 31, 2002 I moved to the above address. Therefore, I never received my Uniform Business Report in the mail for my business, Donaldson Enterprises. I would like to renew my business name at this time and pay the fees that are due at this time. Thank you for your time in this matter.

Sincerely,

Ben Donaldson
850-544-2359