

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 SEP 23 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000102402

1. Corporation Name

Donaldsonville Grocery, Inc.

000023559150  
10/06/03-01002--030 \*\*908.75

**REINSTATEMENT** 02-03

2. Principal Office Address  
311 South Wiley Ave.

3. Mailing Office Address  
311 South Wiley Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Donalsonville, GA

City & State  
Donalsonville, GA

Zip Country  
31745 USA

Zip Country  
31745 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/31/00

5. FEI Number  
59-3677421

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  
Kevin McDaniel

Street Address (P.O. Box Number is Not Acceptable)  
8166 Highway 90 East

Suite, Apt. #, Etc.

City  
Sneads

State Zip Code  
FL 32460

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

*Kevin McDaniel*

REGISTERED AGENT MUST SIGN

Date 9-19-03

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
D	David McDaniel	3711 Shamrock W, A-1256	Tallahassee, FL 32308
D/P/S	Kevin McDaniel	8166 Highway 90 East	Sneads, FL 32460
D/VP/ T	Ralph McDaniel	P. O. Box 2	Cypress, FL 32442

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: *Kevin McDaniel* Kevin McDaniel

Date 9-19-03

229-524-1177  
Daytime Phone #

CR2E081 (10/02)

9/23