

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT 30 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000016097**

1. Corporation Name

Dwight Anthony McDonald, RA.

2. Principal Office Address

1206 Millennium Parkway

Suite, Apt. #, etc.

Ste. 2020

City & State

Brandon, FL

Zip

33511

Country

U.S.A.

3. Mailing Office Address

P.O. Box 3006

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33509

Country

U.S.A.

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

Feb. 15, 2001

5. FEI Number

59-3698646

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

Dwight Anthony McDonald

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

5406 Lindburg Street

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33569

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

Dwight Anthony McDonald

REGISTERED AGENT MUST SIGN

Date **10/23/02**

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
P	Dwight Anthony McDonald	5406 Lindburg St. Riverview, FL 33569	Riverview, FL 33569

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:

Dwight Anthony McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

Date

813-629-6954

Daytime Phone #

CR2E081 (9/01)



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Zal

Wednesday, October 23, 2002

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

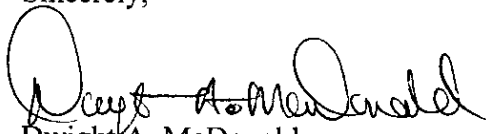
Dear Sir or Madam

I have spoken with the Reinstatement Section and found that the address listed was not the address filed by us.

I am requesting a waiver from the penalty fee because of the returned UBR notification.

If I may be of any further assistance in clarifying this matter please call me direct at (813) 629-6954. Thank you.

Sincerely,


Dwight A. McDonald
President