

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR  
REINSTATEMENT

FILED

02 OCT 28 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029280

1. Corporation Name

MCRAE, INC.

Principal Place of Business

4245 N. A1A #6  
FT. PIERCE FL 34949

Mailing Address

4245 N. A1A #6  
FT. PIERCE FL 34949

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

921 Jackson Way

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/19/2001

5. FEI Number

65-1095641

Applied For

Not Applicable

City & State

FT. Pierce FL

City & State

Zip

34949

Country

USA

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MCRAE, SEAN	4245 N. A1A #6 921 Jackson Way	FT. PIERCE FL 34949
D	MCRAE, DAWN	4245 N. A1A #6 921 Jackson Way	FT. PIERCE FL 34949

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10/28/02--01124--007 \*\*150.00

10/11/02

8. Name and Address of Current Registered Agent

MCRAE, SEAN  
4245 N. A1A #6  
FT. PIERCE FL 34949

9. Name and Address of New Registered Agent

Name

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

921 Jackson Way

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct. 24, 2002

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 24, 2002

Daytime Phone #

CR2E046 (8/02)



# DIVERSIFIED FINANCIAL SERVICES

October 24, 2002


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

To Whom It May Concern:

My client, McRae, Inc. received the enclosed application for reinstatement. At this time we request that the corporation be reinstated and we also request that the additional fees be waived. My client, McRae, Inc. states that they did not receive any previous notices.

We would appreciate you considering this statement and abating the fees. Thank you in advance for your consideration and we look forward to hearing from you.

Sincerely,



Ellen Sines  
Accountant

Sean McRae  
President

EMS/Ws

Enclosure



Offices: 1971 S.E. Port St. Lucie Blvd. • Port St. Lucie, Florida 34952

2605-C Lowson Blvd. • Delray Beach, Florida 33445

(561) 335-0713 • Fax (561) 335-0716 • (888) 246-1716