

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029280

1. Corporation Name

McRae, Inc.

000023559720
10/06/03--01002--043 **750.00

REINSTATEMENT

2. Principal Office Address

921 Jackson Way

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4347

Suite, Apt. #, etc.

City & State

FORT PIERCE FL

Zip

34949

Country

USA

City & State

VERO BEACH FL

Zip

329104

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-19-01

5. FEI Number

65-1095641

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

Sean McRae

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

921 Jackson Way

Suite, Apt. #, Etc.

City

FORT PIERCE

State

FL

Zip Code

34949

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

Sean T. McRae

REGISTERED AGENT MUST SIGN

Date

9/22/03

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	Sean McRae	921 Jackson Way	FORT PIERCE, FL 34949
D	Dawn McRae	921 Jackson Way	FORT PIERCE, FL 34949

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:

Sean T. McRae

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/03

Date

772-473-9273

Daytime Phone #

CR2081 (10/02)

9/30