

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -7 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000115489

1. Corporation Name

E.L. DONAHUE & ASSOCIATES, INC.

Principal Place of Business

1320 SW 102 AVE
PEMBROKE PINES FL 33025-4711

Mailing Address

1320 SW 102 AVE
PEMBROKE PINES FL 33025-4711

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

2. New Principal Office Address, If Applicable

12480 NW 76TH ST

Suite, Apt. #, etc.

City & State

Parkland FL

Zip

33076

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/2001

5. FEI Number

01-0554212

Applied For

Not Applicable

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

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

Pres Edwin L. Donahue

12480 NW 76TH ST.

Parkland FL 33076

Sec'y Cheryl A. Revell

12480 NW 76TH ST

Parkland FL 33076

400008878734

11/07/02 01089-002 **150.00

8. Name and Address of Current Registered Agent

DONAHUE, EDWIN L

1320 SW 102 AVE

PEMBROKE PINES FL 33025-4711

9. Name and Address of New Registered Agent

Name

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

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

10/31/02

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

10/31/02 954605-4850

Date

Daytime Phone #

CR2E040 (8/02)

E.L. Donahue and Associates, Inc
12480 NW 76th ST.
Parkland, FL 33076

E.L. Donahue & Associates, INC.

October 31, 2002

Div. of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

To whom it may concern,

I did not receive the first or second notice of the annual report/uniform business report form.
Enclosed is the application for reinstatement and a check for \$150.00. Please waive the reinstatement fee.

Sincerely,



Edwin Donahue
President
E.L. Donahue and Associates, Inc