

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000011317**

1. Corporation Name

BRUCE R. MACDONALD, INC.

Principal Place of Business

117 TUCKER AVE
SARASOTA FL 34232

Mailing Address

117 TUCKER AVE
SARASOTA FL 34232

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/2002

5. FEI Number

01-0683067

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	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MACDONALD, BRUCE R.	117 TUCKER AVE	SARASOTA FL 34232

500024948345

11/24/03--01018--016 **150.00

8. Name and Address of Current Registered Agent

MACDONALD, BRUCE R
117 TUCKER AVE
SARASOTA FL 34232

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

Bruce R. MacDonald

REGISTERED AGENT MUST SIGN

Date

11-17-03

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:

Bruce R. MacDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-17-03

Daytime Phone #

CR2E040 (7/03)

Bruce R. MacDonald, Inc.
117 Tucker Avenue
Sarasota, Florida 34232

November 17, 2003

Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

RE: **Document # P02000011317**
Waiver of Reinstatement Penalty

Dear Sir:

Please be advised that we have no record of receiving the two (2) prior uniform business report notices. Please find enclosed the application for reinstatement and a check for \$150.00. We would appreciate your consideration in waiving the penalty fee of \$600.00.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bruce MacDonald", written over a horizontal line.

Bruce R. MacDonald
President