PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000011317 DOCUMENT

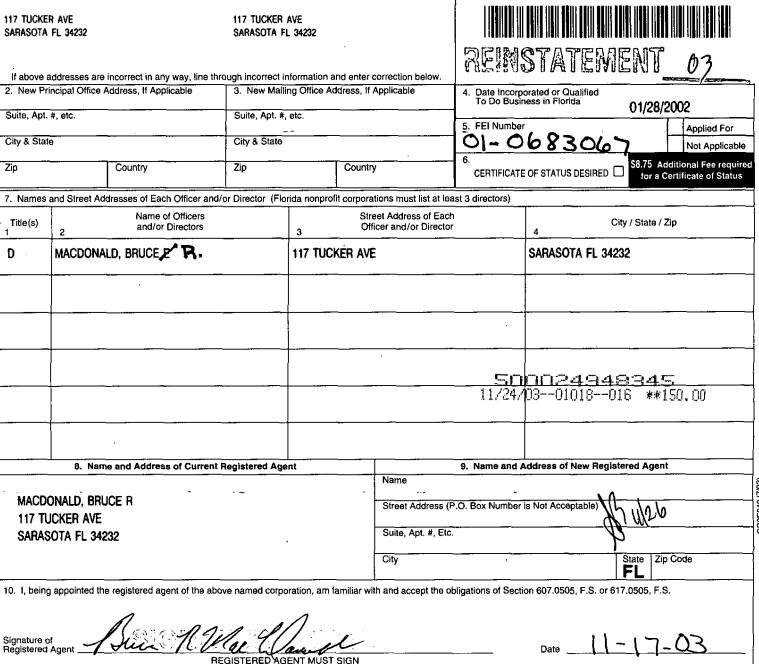
1. Corporation Name

BRUCE R. MACDONALD, INC.

Principal Place of Business

Mailing Address

FILFD 03 NOV 24 PM 4: 38 SEUNCHMAY OF STATE TALLAHASSEE, FLORIDA



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.

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: <u>Document # P02000011317</u>

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,

Bruce R. MacDonald President