

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 OCT 17 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000044595

1. Corporation Name

DONNER MANAGEMENT OF S.E. FLORIDA, INC.

Principal Place of Business

8551 W. SUNRISE BLVD., STE. 209
PLANTATION FL 33309

Mailing Address

8551 W. SUNRISE BLVD., STE. 209
PLANTATION FL 33309

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

04/24/2002

5. FEI Number

04-3684959

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	DONNER, JEFFREY	8551 W. SUNRISE BLVD., STE. 209	PLANTATION FL 33309

REINSTATEMENT

8. Name and Address of Current Registered Agent

DONNER, JEFFREY
8551 W. SUNRISE BLVD., STE. 209
PLANTATION FL 33309

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

Jeffrey Donner
REGISTERED AGENT MUST SIGN

Date 10/13/03

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:

Jeffrey Donner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

CR2E040 (7/03)

To whom it may concern,

10-13-03

Please note that no prior letters or notices were received from the UBR. I appreciate it if I would be able to pay the usual fee of \$150.00, which is enclosed.

Thank you,



Jeffrey Donner
Officer of the corporation
Donner management of S.E. florida, Inc.