

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 16 PM 12:13

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000069903*

1. Corporation Name

MCCRUM AND ASSOCIATES, INC.

700136979027
10/16/08--01030--011 **308.75

REINSTATEMENT
CR2E081 (10/08) *07-08*

2. Principal Office Address - No P.O. Box #

507 SAN SEBASTIAN PRADO

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

SEMINOLE

3. Mailing Office Address

507 SAN SEBASTIAN PRADO

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL.

Zip

32714

Country

SEMINOLE

4. Date Incorporated or Qualified
To Do Business in Florida

06-24-2002

5. FEI Number

01-0724752

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

DON P. MCCRUM, SR.

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

507 SAN SEBASTIAN PRADO

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Don McCrum, Sr.

(REGISTERED AGENT MUST SIGN)

Date *10/5/08*

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 |
|-------------|-----------------------------------|--|-----------------------------------|
| <i>PRES</i> | <i>DON P. MCCRUM, SR.</i> | <i>507 SAN SEBASTIAN PRADO</i> | <i>ALTAMONTE SPRINGS FL 32714</i> |
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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 contained in Chapter 119, 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:

Don McCrum, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/5/08

Daytime Phone #

407-862-7766