

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 19 AM 8:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000113456

1. Corporation Name

ROBERT F. MACKINNON, INC.

REINSTATEMENT 03



500024850975

Principal Place of Business

Mailing Address

2927 BAYSHORE POINTE DRIVE
 TAMPA FL 33611

2927 BAYSHORE POINTE DRIVE
 TAMPA FL 33611

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

2. New Principal Office Address, If Applicable
 12623 Stanwyck Cir

3. New Mailing Office Address, If Applicable
 12623 Stanwyck Cir

4. Date Incorporated or Qualified To Do Business in Florida

10/22/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

54-2081176

Applied For

Not Applicable

City & State

Tampa FL

City & State

Tampa FL

Zip

33626

Country

Hillsborough

Zip

33626

Country

Hillsborough

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MACKINNON, ROBERT F	12623 Stanwyck Cir 2927 BAYSORE POINTE DRIVE	TAMPA FL 33611-33626
S	MACKINNON, ROBERT F	12623 Stanwyck Cir 2927 BAYSORE POINTE DRIVE	TAMPA FL 33611-33626
T	MACKINNON, ROBERT F	12623 Stanwyck Cir 2927 BAYSORE POINTE DRIVE	TAMPA FL 33611-33626

8. Name and Address of Current Registered Agent

MACKINNON, ROBERT F
 2927 BAYSHORE POINTE DRIVE
 TAMPA FL 33611

9. Name and Address of New Registered Agent

Name: Mackinnon, Robert F.
 Street Address (P.O. Box Number is Not Acceptable): 12623 Stanwyck Cir
 Suite, Apt. #, Etc.:
 City: Tampa
 State: FL
 Zip Code: 33626

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

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

Date

11/18/03

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:

[Handwritten Signature] Robert F. Mackinnon

Date

11/13/03 813 340 7094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)