2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000071111

1. Entity Name
PAUL DONALDSON SERVICES, INC.

FILED
11 OCT 28 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
28 PIRATES COVE LANE ST. MARKS, FL 32355	P.O. BOX 6492 TALLAHASSEE, FL 32314

REINSTATEMENT

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1077074 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANCE, BELINDA T ESQ. 1625 SUMMIT LAKE DRIVE 240 TALLAHASSEE, FL 32317	Name: Paul D. Donaldson Street Address (P.O. Box Number is Not Acceptable): 28 Pirates Cove Ln St Marks, FL City: Tallahassee FL Zip Code: 32355

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE _____ 10/28/11
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2012, Fee will be $900.00

Email pauldonald28@Gmail.com

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONALDSON, PAUL 28 PIRATES COVE LANE ST. MARKS, FL 32355	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Paul D Donaldson 10/28/11 850 5563725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #