

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2022 MAR 11 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # P05000163025

1. Corporation Name

McDuff Corp

700383508917
03/11/22--01005--002 **1535.00

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

3. Mailing Office Address

660 McDuff Ave 8832 HOLBORN CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX. FL

City & State

JACKSONVILLE FL

Zip

Country

32205 US

Zip

Country

32217 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/2005

5. FEI Number

83-0443256

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

Basel Sefar

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

8832 HOLBORN CT

Suite, Apt. #, Etc

City

JACKSONVILLE

State

FL

Zip Code

32217

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

REGISTERED AGENT MUST SIGN

Date 2/23/2022

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
P	Basel Sefar	8832 HOLBORN CT	JAX, FL, 32217
		REINSTATEMENT	
		cf 2017-2022	

10. E-mail Address: ~~BASEL143@gmail.com~~ BASEL143@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Basel Sefar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2022 9046881174