

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL -5 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062722

1. Corporation Name

McDonald Development Enterprises, Inc.

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

4915 Southfork Drive

3. Mailing Office Address

P O Box 2537

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33813

Country

USA

Zip

33806-2537

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/25/1994

5. FEI Number

593264080

☐ 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

Dale G. Jacobs

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

4921 Southfork Drive 4915

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

700209639667
07/05/11-01057-030 **1050.00

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

DALE G. JACOBS

Date

6/14/11

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	Wiley Johnson	4915 Southfork Drive	Lakeland, FL 33813
VP	James R. Johnson	4915 Southfork Drive	Lakeland, FL 33813
ST	Dale G. Jacobs	4915 Southfork Drive	Lakeland, FL 33813

REINSTATEMENT

09-11 B 7/6/11

10. E-mail Address:

DALE@DALEJACOBS.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., 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.

SIGNATURE:

Wiley Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-14-11

Daytime Phone #