

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 10 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000069451

1. Corporation Name

MACDONALD DESIGN ASSOC. INC.

Principal Place of Business

Mailing Address

1250 LINCOLN RD
#206
MIAMI BEACH FL 33139

1250 LINCOLN RD
#206
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

2051 North Bay Road
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2051 North Bay Road
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business In Florida

09/19/1994

5. FEI Number

65-0519436

Applied For

Not Applicable

City & State

Miami Beach FL
Zip 33140 Country USA

City & State

Miami Beach FL
Zip 33140 Country USA

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PVTS	MACDONALD, MATTHEW	2051 N. BAY RD.	MIAMI BEACH FL

REINSTATEMENT

98 TS

12/11/98

100002711761--2

-12/14/98-01038-012

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MACDONALD, MATTHEW
1250 LINCOLN RD
#206
MIAMI BEACH FL 33139

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/2/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew MacDonald

12/7/98 305-674-9102

Date

Daytime Phone #

CR20040 (9/98)