

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

1997 NOV 10 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000010395**

1. Corporation Name

DONAHUE FACILITIES & MANAGEMENT CONSULTING, INC

Principal Place of Business

Mailing Address

2218 VALLEYBROOK AVENUE
VALRICO FL 33594

2218 VALLEYBROOK AVENUE
VALRICO FL 33594



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/06/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3297522	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DONAHUE, TIMOTHY J	2218 VALLEYBROOK AVENUE	VALRICO FL 33594
V	DONAHUE, IRAS L	2218 VALLEYBROOK AVENUE	VALRICO FL 33594
S	MCARTHUR, ELIZABETH	4211 SILVER LN 835 Louise St.	VALRICO FL 33594 BRANDON, FL 33509
REINSTATEMENT '97			
500 11-10-97			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DONAHUE, TIMOTHY J 2218 VALLEYBROOK AVENUE VALRICO FL 33594		Name 0000002946890--3 Street Address (P.O. Box Number is Not Acceptable) 11715/97--01094--002 Suite, Apt. #, Etc. ****750.00 ****750.00 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: Timothy J. Donahue Date: 11/5/97
REGISTERED AGENT MUST SIGN

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: Timothy J. Donahue Date: 11/5/97 813-417-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/97)