

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 21 AM 8:10

DOCUMENT # P96000083842

1. Corporation Name

McDonald's Playworld

2. Principal Office Address

6375 N. W. 2nd Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33150

Country

3. Mailing Office Address

915 N.W. 1st Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33136

Country

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/1996

5. FEI Number

65 07 01740

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARCIA G. Grayson

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

9115 SW 147 Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33136

400005194194-2

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***1200.00 ***1200.00

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

Marcia G. Grayson
REGISTERED AGENT MUST SIGN

Date

2/27/02

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
PM	Grayson, Marcia G	9115 SW 147th Court	Miami, FL 33136

PM 2/3

10. 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:

Marcia G. Grayson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02
Date

305-754-1132
Daytime Phone #

CR2E081 (9/01)