

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten initials*

**REINSTATEMENT 02-03**

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P970000062110

**1. Corporation Name**  
McFall Redevelopment Corporation

<b>2. Principal Office Address</b> 526 Cocoa Lane Suite, Apt. #, etc.	<b>3. Mailing Office Address</b> 526 Cocoa Lane Suite, Apt. #, etc.
<b>City &amp; State</b> Orlando, FL	<b>City &amp; State</b> Orlando, FL
<b>Zip</b> 32804	<b>Country</b>

**4. Date incorporated or Qualified To Do Business in Florida** 7/15/97

**5. FEI Number** 59-3523405

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name** Valerie Mundy

**Street Address (P.O. Box Number is Not Acceptable)** 526 Cocoa Lane

**City** Orlando

**State** FL **Zip Code** 32804

*Handwritten:* 06/03/03 01086 021  
\$900.00

**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** *Valerie Mundy* **REGISTERED AGENT MUST SIGN** **Date** 6/5/03

**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
Pres	Valerie W. Mundy	526 Cocoa Lane	Orlando, FL 32804
Sec	Gregory Mundy	526 Cocoa Lane	Orlando, FL 32804

**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:** *Valerie Mundy* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 6/5/03 **Daytime Phone #** 407/312-3199

CR2E081 (10/02)