

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000097775**

1. Corporation Name

**MacDonald Family Properties,
Inc**

2. Principal Office Address

2098 Seminole Blvd

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33778

Country

USA

3. Mailing Office Address

2098 Seminole Blvd

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33778

Country

USA

REINSTATEMENT 2007

4. Date Incorporated or Qualified
To Do Business in Florida

11-17-1997

5. FEI Number

65-0800053

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

Alexander MacDonald

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

4013 University Drive

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

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

Alexander MacDonald (Alexander MacDonald)

Date

10-29-07

REGISTERED AGENT MUST SIGN

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/T/D	Alexander MacDonald	4013 University Dr	Coral Springs, FL 33067
VP/S	Margaret MacDonald	4013 University Dr	Coral Springs, FL 33067

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:

Alexander MacDonald (Alexander MacDonald)

Date

10-29-07

Daytime Phone #

CR2E081 (9/00)