

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 FEB -5 AM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA000087711230
02/08/07--01005--025 **900.00

REINSTATEMENT 06-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000097775

1. Corporation Name

MACDONALD FAMILY PROPERTIES, INC.

2. Principal Office Address - No P.O. Box #

2098 Seminole Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Zip

33778

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1997

5. FBI 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)

4613 University Drive, Unit 279

Suite, Apt. #, Etc.

City

Coral Springs,

State

FL

Zip Code

33067

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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


REGISTERED AGENT MUST SIGN

Date 2-1-07

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
PTD	Alexander MacDonald	4613 University Dr., #279	Coral Springs, FL 33067
VDS	Margaret MacDonald	4613 University Dr., #279	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 807.0401 or 817.0401, 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 contained in Chapter 118, 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

2-1-07 (954) 610-6493

Date

Daytime Phone #

2/6/07