

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN -6 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99000057904

1. Corporation Name

MCDONNOUGH & ASSOCIATES, INC.

2. Principal Office Address

906 NW 83 DRIVE

CORAL SPRINGS, FL 33071
Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL 33071

Zip

33071

Country

USA

3. Mailing Office Address

906 NW 83 DRIVE

CORAL SPRINGS, FL 33071
Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL 33071

Zip

33071

Country

USA

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/25/99

5. FEI Number

650931130

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

MCDONNOUGH, CLARENCE

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

906 NW 83 DRIVE, CORAL SPRINGS, FL 33071

Suite, Apt. #, Etc.

City

CORAL SPRINGS, FL

State

FL

Zip Code

33071

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**

Clarence McDonough
REGISTERED AGENT MUST SIGN

Date JUNE 4 2002

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
D	MCDONNOUGH, CLARENCE	906 NW 83 DRIVE	CORAL SPRINGS, FL 33071

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 4 2002
Date

954 914 0748
Daytime Phone #

CR2E081 (9/01)