

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **97**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 17 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S08893**

1. Corporation Name **MCLEOD PROPERTIES, INC.**
9500 SATELLITE BLVD.
SUITE 160
ORLANDO, FL 32837-8461

Principal Place of Business Mailing Address

9500 SATELLITE BLVD.
SUITE 160
ORLANDO, FL 32837-8461

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3042876

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	DONALD R. AMMERMAN	9500 SATELLITE BLVD. #160	ORLANDO, FL 32837

300002353283--8
-11/20/97--01091--003
******758.75 ****758.75**

REINSTATEMENT **(97)**

A. Alan
11/17/97

8. Name and Address of Current Registered Agent

DONALD R. AMMERMAN
9500 SATELLITE BLVD. #160
ORLANDO, FL 32837

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Donald R. Ammerman

REGISTERED AGENT MUST SIGN

Date **NOV 13, 1997**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Donald R. Ammerman **DONALD R. AMMERMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 13, 1997
Date

Daytime Phone #