PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 PM 3:23

DOCUMENT # **P02000047009**

1. Corporation Name

MAC DESIGN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4620 NE 5 AVE FT LAUDERDALE FL 33334	4620 NE 5 AVE FT LAUDERDALE FL 33334

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
Suite, Apt. #, etc.	Suite, Apt. #, etc. 105
City & State	City & State Ft. Lauderdale FL
Zip / Country	Zip 33304 / Country Brevard

4. Date Incorporated or Qualified To Do Business in Florida: 04/25/2002

5. FEI Number: 02 0601111 — X Applied For — Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	~~Scott~~ Scott McClure	640 NE 13TH ST. Ft. Laud, FL 33304	Ft. Lauderdale, FL 33304

000023750530
10/13/03--01069--002 **150.00

8. Name and Address of Current Registered Agent

MCCLURE, SCOTT
4620 NE 5 AVE
FT LAUDERDALE FL 33334

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Scott McClure — Date:
REGISTERED AGENT MUST SIGN

11. 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: Scott McClure — 10-7-03 — 954 763-4071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Transmit Via

Mac Design & Associates, Inc.

Landscape . Architecture
design planning consulting

690 NE 13th Street Ft. Lauderdale, Fl. 33304
tel. 954-763-4071, fax 954-476-1688

Divisions of Corporations
Annual Report/Reinstatement Section
Po. Box 6327
Tallahassee Fl. 32314-6327

Re: File No.

10/9/2003

To whom it concerns:

I am requesting a waiver of the reinstatment fee for the past due reinstatement form. I had just recieved the form for the first time on October 5th 2003. This is my first year in business attributed with a recent office move where our mail was not being delivered properly during the months of April and May. I have promptly submitted the original fee along with the application form as attached.

Thank you for your consideration in this matter.

Respectfully submitted,

James Scott McClure