

102 9/29/04 90001 019 \$150.00

2004 FOR PROFIT CORPORATION REINSTATEMENT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -1 AM 8:00

REINSTATEMENT 04



10282004 REIN-P CR2E098 (6/04) AIRD

| | | | | | |
|---|----------------------------|-----|--|---|-------------|
| DOCUMENT # 463594 | | | |  | |
| 1. Entity Name MAC-WAY, INC. | | | | | |
| Principal Place of Business 7325 N. MIAMI AVENUE MIAMI, FL 33150 | | | Mailing Address 7325 N. MIAMI AVENUE MIAMI, FL 33150 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1560645 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PROSPER, JEAN 7504 SW 178 TERRACE MIAMI, FL 33157 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | | |
| | | | | City | FL Zip Code |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u>J. Robert P.</u> (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 | | | | | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | P | | | <input type="checkbox"/> Delete | |
| NAME | PROSPER, JEAN R | | | | |
| STREET ADDRESS | 7504 SW 178 TERRACE | | | | |
| CITY - ST - ZIP | MIAMI, FL 33157 | | | | |
| TITLE | | | | <input type="checkbox"/> Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>J. Robert P.</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date | | | | | |
| Daytime Phone # | | | | | |

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Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

October 28, 2004

To whom it may concern:

I previously submitted a completed annual form for the above corporation along with a check for 150.00. The annual form was returned because the amount of the check was insufficient to cover the late fees.

I am writing this letter to inform the Division of Corporations that I had never received, at any point, notice from your department about this matter. I never new that the annual report was due by May nor did I receive any correspondence about completing the annual form along with the costs involved.

I hope this will clear up any misunderstanding and will ultimately reactivate the corporation.

Sincerely,



Jean Prosper