PAGE 2 of 7

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

CORPORATION REINSTATEMENT

MAC III OF DELAWARE, INC.

Requested a Certified Copy Thanks

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PAGE 1 of 2

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT -9 PM 1:23

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000006196

1. Corporation Name

MAC III of Delaware, Inc.

B 10/9/09
REINSTATEMENT 08-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6584 Poplar Ave	6584 Poplar Ave
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Memphis TN	City & State: Memphis TN
Zip: 38138 Country: USA	Zip: 38138 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 20-1801159 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code:

☐ 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, hereby accept the obligations of section 607.0505 or 617.0503, F.S.

Chris McNegair
Assistant Secretary

Signature of Registered Agent: _____ Date: 10/5/09
REGISTERED AGENT MUST SIGN

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
Pres/Dir	Cathy S. Carlson	100 Peabody Place, Ste 900	Memphis, TN 38103
Dir	Michael French	6584 Poplar Ave, Suite 300	Memphis, TN 38138
Sec	John A. Good	100 Peabody Place, Ste 900	Memphis, TN 38103
Dir.	Beth Peoples	103 Foulk Rd, Ste 300	Wilmington, DE 19803

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 contained in Chapter 119, 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: Cathy Carlson President 10/1/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Cathy Carlson