

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** F11000003836

1. Corporation Name

MACWCP III Corp.

2. Principal Office Address - No P.O. Box #

535 Madison Avenue

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10022

Country

United States

3. Mailing Office Address

535 Madison Avenue

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10022

Country

United States

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

September 26, 2011

5. FEI Number

45-2841388

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

000263517180

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Troy Todd  
as its agent

Date

8/20/2014

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
Dir.	Howard Fife	Monarch Alt Capital, 535 Madison Ave	New York, NY 10022
Dir.	T.J. Vigliotta	Monarch Alt Capital, 535 Madison Ave	New York, NY 10022
VP	Michael Weinstock	Monarch Alt Capital, 535 Madison Ave	New York, NY 10022

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:**

8/19/2014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AUG 20 2014

M. WILLIAMS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 263561 4302312

AUTHORIZATION :

COST LIMIT : \$ 1050.00

ORDER DATE : August 19, 2014

ORDER TIME : 9:39 AM

ORDER NO. : 263561-005

CUSTOMER NO: 4302312

REINSTATEMENT

NAME: MACWCP III CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS \_\_\_\_\_

TO AGENCY PLEASE  
SUFFICIENCY OF FILING

2014 AUG 20 AM 10:56

RECEIVED  
2014 AUG 20 AM 10:56

AUG 20 2014  
M. WILLIAMS