

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPLICATION FOR REINSTATEMENT



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

AND FILED

98 DEC 14 PM 12:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **J11931**

1. Corporation Name

MACHO CAMACHO INC.

Principal Place of Business

Mailing Address

% BARTH SATULOFF, CPA
 9495 SUNSET DR #B-275
 MIAMI FL 33173
 US

% BARTH SATULOFF, CPA
 9495 SUNSET DR #B-275
 MIAMI FL 33173
 US

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



REINSTATEMENT

98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/30/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2676531

Applied For

Not Applicable

City & State

City & State

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	CAMACHO, HECTOR	8034 SOLITAIRE CT	ORLANDO FL

800802716920--9
 -12/21/98--01003--015
 *****750.00 *****750.00

Barth Satuloff

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARTH SATULOFF, CPA
 9495 SUNSET DR #B-275
 MIAMI FL 33173

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

Barth Satuloff, CPA
 REGISTERED AGENT MUST SIGN

REQUIRED

Date *Nov. 27, 1998*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Barth Satuloff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-01-98

Date

(305) 595-4695

Daytime Phone #

CR2E040 (9/98)