

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 JAN -7 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J80180

1. Corporation Name

HATTIE MAC, INC.

Principal Place of Business

Mailing Address

14070 W. PARSLEY DR.  
MADEIRA BEACH FL 33708-2351

14070 W. PARSLEY DR.  
MADEIRA BEACH FL 33708-2351

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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/25/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2874103

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	MCCANN, MARY M.	14070 W. PARSLEY DR.	MADEIRA BCH FL
ST	MCCANN, CHARLES C.	14070 W. PARSLEY DR.	MADEIRA BCH FL
V	MCCANN, JOSEPH J.	14070 W. PARSLEY DR.	MADEIRA BCH FL

100002052671--0  
-01/03/97--01068--008  
\*\*\*375.00\*\*\*375.00

REINSTATEMENT

1/7/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLENN, BARRY M.  
2708 ALT 19 N.  
SUITE 701  
PALM HARBOR FL 34683

Name  
MARY M. MCCANN  
Street Address (P.O. Box Number is Not Acceptable)  
14070 W. PARSLEY DR  
Suite, Apt. #, Etc.  
City  
MADEIRA BEACH State  
FL Zip Code  
33708

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

Mary M. McCann  
REGISTERED AGENT MUST SIGN

Date 12-31-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary M. McCann

Date

12-31-96

Daytime Phone #

813-397  
4923