

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 JAN 17 PM 12:01

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K27292

1. Corporation Name

MAC-MAN Enterprises, Inc.

**REINSTATEMENT 02-03**

2. Principal Office Address

1443 16th St S.

3. Mailing Office Address

P.O. BOX 10639

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

St Petersburg FL

Zip

33705 US

Zip

33733 US

4. Date Incorporated or Qualified  
To Do Business in Florida

06/20/1988

5. FEI Number

59-2908225

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

Isaac McBride

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

3034 35th Terrace South

Suite, Apt. #, Etc.

City

St Petersburg

State  
**FL**

Zip Code  
33712

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

Isaac McBride

REGISTERED AGENT MUST SIGN

Date 1/10/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles      | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip            |
|-------------|--------------------------------------|---|-------------------------------|
| <u>Pres</u> | <u>McBride, Isaac</u>                | <u>3034 35th Terr S</u>                           | <u>St Petersburg FL 33712</u> |
| <u>TD</u>   | <u>McBride, Isaac</u>                | <u>3034 35th Terr S</u>                           | <u>St Petersburg FL 33712</u> |
|             |                                      |   |                               |
|             |                                      |   |                               |
|             |                                      |   |                               |
|             |                                      |   |                               |

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 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:

Isaac McBride

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03, 727-823-1577

Date

Daytime Phone #

CR2E081 (10/02)