L17000050522

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2024 OCT 30 AM 1:22

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10/30/24--01040--001 **100.00

600438845216
10/30/24--01040--002 **71.25

DOCUMENT # L17000050522

1. Limited Liability Company's Name
MAC LOGISTICS

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3321 Burton Ave	3321 Burton Ave
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Burbank CA	City & State: Burbank CA
Zip: 91504 Country: USA	Zip: 91504 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 47-4785904 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ **$5.00 Additional Fee required for a certificate of status**

8. Name and Address of Current Registered Agent

Name: IDO MAGORI

Street Address (P.O. Box Number is Not Acceptable) Suite:
19400 TURNBERRY WAY

Apt #, Etc:
2021

City: MIAMI State: FL Zip Code: 33180

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MemBer	Dovid Shmuel Kramer	1250 E 72nd St	BROOKLYN NY 11234
MeMBer	IDO MAGORI	19400 TURNBERRY WAY	MIAMI FL 33179

11. E-mail Address: MSW7VS@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. 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 of authorized representative/member _____ Date 10/30/24 Daytime Phone # 718-810-3804