


ATTACHMENT 1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 APR -4 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA900115312599
01/16/08--01037--013 **61.25REINSTATEMENT 06-08^{KS}
CR2E08T (12/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # NO4000011315

1. Corporation Name

ENSYNC MAC'S HOUSE, INC.

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

655 W. Fulton Street

Suite, Apt. #, etc.

Suite 7

City & State

Sanford, FL

Zip

32771

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

34-2025959

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

Christine McMillon

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

655 W. FULTON STREET

Suite, Apt. #, Etc.

SUITE 7

City

SANFORD

State


FL

Zip Code

32771

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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


REGISTERED AGENT MUST SIGN

Date 3 Jan 08

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
ED	Christine McMillon	973 Utica Street	Deltona, FL 32775

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03/20/08--01047--001 **70.00900115312599
04/08/08--01011--009 **52.50

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 contained in Chapter 119, 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

Date

3 Jan 08

Daytime Phone #

407-936-1515

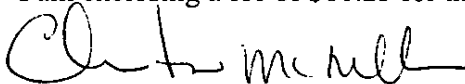
ENSYNC MAC'S HOUSE
"Giving Back To Those In Need"

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Reinstatement of non-profit corporation Re: ENSYNC MAC House

~~Request that the reinstatement fee of \$175.00 be waived. I did not receive any annual report notices.~~

I am enclosing a fee of \$61.25 for the annual report.



Christine McMillon
Executive Director
ENSYNC MAC's House