PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 11 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000006228

1. Corporation Name

MAC-MILLEN CONSTRUCTION INC.

Principal Place of Business	Mailing Address
1180 NW 207TH ST. N. MIAMI FL 33169	P.O. BOX 21723 FT. LAUDERDALE FL 33335

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/06/2000

5. FEI Number: 65-0915794 ☐ Applied For ☐ Not Applicable

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	4. City / State / Zip
Sec/Trea	MCFARLAND, NOLAN T	1180 NW 207TH ST.	N. MIAMI FL 33169
~~VD~~	~~FUSELIER, FRANK J III~~	~~3551 SW 54 AVE.~~	~~HOLLYWOOD FL 33023~~
Pres/D	Johnnie Mc Farland	2920 NW 44 Avenue	Lauderdale Lakes Fl 33313

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****750.00 ****750.00

REINSTATEMENT 01

8. Name and Address of Current Registered Agent

MODAS, DANIEL-A
1215 SE 2ND AVE., #202
FT. LAUDERDALE FL 33335

9. Name and Address of New Registered Agent

Name: Sheila A Modas
Street Address (P.O. Box Number is Not Acceptable): 1215 SE 2 Avenue # 202
Suite, Apt. #, Etc.:
City: Ft. Lauderdale | State: FL | Zip Code: 33316

10. Having been 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: [signature] Date: 11/13/01
REGISTERED AGENT MUST SIGN

11. 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] 11/13/01 (954) 763-2460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #