

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 24 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000016845

1. Corporation Name
MAC Cable Services Inc.

200110462482
10/30/07--01021--001 **150.00

~~10/30/07 01021 001 **150.00~~

2. Principal Office Address - No P.O. Box # 13904 Denton rd		3. Mailing Office Address 13904 Denton Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, Fl.		City & State Jacksonville, Fl.	
Zip 32226	Country US	Zip 32226	Country US

CR2E081 (1/07) **05-07**

4. Date Incorporated or Qualified To Do Business in Florida **2/11/00**

5. FEI Number **593625547**

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
Michael A. Coscia

Street Address (P.O. Box Number is Not Acceptable)
13904 Denton Rd.

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32226

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.

[Handwritten Signature]

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 *[Signature]* Date **9/18/07**

REGISTERED AGENT MUST SIGN

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
PSTD	Michael A. Coscia	13904 Denton Rd.	Jacksonville, Fl 32226

200110462482
10/08/07--01010--008 **300.00

REINSTATEMENT 05-07

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]* **MICHAEL A COSCIA** Date **9/18/07** Daytime Phone # **904-476-6635**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR