

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 22 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000035613

1. Corporation Name

MACKAY INVESTMENT GROUP, INC.

05/16/01 90380 008 \$150.00
UBR
01-02

2. Principal Office Address

1754 TROTTER CT.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

Zip

33414

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/7/2000

5. FEI Number

65-0999845

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

KAY MOSS

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

1754 TROTTER CT.

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

600005461846-1

-05/06/02-01045-015

****150.00 ****150.00

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

Kay Moss

Date

3/12/03

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
P	MALCOLM L. MOSS, JR.	1754 TROTTER CT	WELLINGTON, FL. 33414
S/T	KAY MOSS	1754 TROTTER CT	WELLINGTON, FL. 33414

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:

Kay Moss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

Daytime Phone #

CR2E081 (9/01)

KMT

3/12/02

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To whom it may concern:

This Corporation should be restored to active status with no penalty for the following reasons:

- A) The filing fee and report were sent timely in the year 2001 and were accepted by your office
- B) A subsequent mailing by your office was either sent to my former accountant (J. L. Spillane) or to an inactive post office box (P.O. Box 237) and I never received the mailing.

Please find enclosed the fee for this 2002 year and the reinstatement form. Thank you for your consideration.

Kay Mess