

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 11 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000049752

1. Corporation Name

MAC & HER INC.

100075216761  
05/25/06--01002--021 \*\*450.00

REINSTATEMENT 04-06  
CR2E081 (12/05)

2. Principal Office Address

2742 BISCAYNE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

2742 BISCAYNE BLVD

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33137

Country

US

Zip

33137

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

05-19-2000

5. FEI Number

65-1039326

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

HERBERT LEVY

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

2742 BISCAYNE BLVD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

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

Date 5-8-06

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	HERBERT LEVY	2742 BISCAYNE BLVD	MIAMI FL 33137-

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

5-8-06

Daytime Phone #

305-801-8192

**MAC & HER INC.  
2742 BISCAYNE BLVD  
MIAMI FL 33137**

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5-8-06

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

To Whom It May Concern:

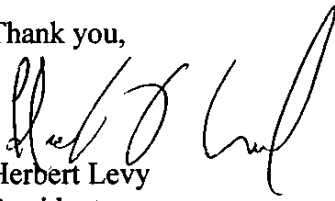
It has just come to my attention that my corporation has been administratively dissolved for not filing its Uniform Business Report.

I never received my renewal documents and would like to ask for an abatement of any penalties associated with my late filing.

Enclosed is a blank report which I have filled out along with a payment of \$450.00 in order to cover the annual report fee and corporate supplemental fee from 2004 to the present.

Please accept this in full satisfaction of my filing requirements.

Thank you,

  
Herbert Levy  
President