


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000109596

1. Corporation Name

MACO UNIQUE AFFAIRS, INC.

Principal Place of Business

11020 SW 172 TERR
MAIMI FL 33157

Mailing Address

11020 SW 172 TERR
MAIMI FL 33157

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State Miami, FL

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State Miami, FL

Zip Country 33197 USA

4. Date Incorporated or Qualified To Do Business in Florida

11/22/2000

5. FEI Number

65-1062813

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
DP	CAREY, OLIVA A	11020 SW 172 TERR	MAIMI FL 33157
CEO	CAREY, OLIVA A	11020 SW 172 TERR	MAIMI FL 33157
DV	CAREY, MCDONALD	11020 SW 172 TERR	MAIMI FL 33157
			600004717016--6 -12/10/01--01093--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CAREY, OLIVA A
11020 SW 172 TERR
MAIMI FL 33157

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being 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

Olivia A. Carey

Date

11/26/01

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:

Olivia A. Carey OLIVIA A. CAREY

Date

Daytime Phone #

11/26/01 (305) 278-8194

CR2ED40 (8/01)