

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 22 PM 4:00

DOCUMENT # P00000110080

1. Corporation Name

MACAULEY IMAGING, INC.

2. Principal Office Address

6719 Fairway Cove Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32835

Country

USA

3. Mailing Office Address

6719 Fairway Cove Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32835

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

November 29, 2000

5. FEI Number

59-3702379

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

Charles R. Harrison

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

1413 Trovillion Avenue

Suite, Apt. #, Etc.

City

Winter Park

State
FL

Zip Code
32789

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

Charles R. Harrison

REGISTERED AGENT MUST SIGN

Date

3/21/02

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/D	Amanda Macauley	6719 Fairway Cove Drive	Orlando, Florida 32835
S/T/D	Christopher J. Macauley, Sr.	6719 Fairway Cove Drive	Orlando, Florida 32825

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:

Amanda Macauley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/21/02 (407) 296-0415

Daytime Phone #

-2-

MACAULEY IMAGING, INC.

6719 Fairway Cove Drive
Orlando, Florida 32835
Telephone: 407-296-0415
Facsimile: 407-296-4365

March 20, 2002

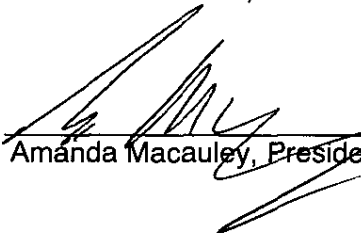
TO WHOM IT MAY CONCERN:

I, Amanda Macauley, President of Macauley Imaging, Inc., am writing to inform the Florida Department of State that the Department never sent to Macauley Imaging, Inc. the 2001 Uniform Business Report. I believe we have discovered the source of the problem. Upon checking the information on our corporation posted by the Secretary of State on the internet, it appears the Department has the wrong address for our principal place of business. This has been corrected in the Corporation Reinstatement form which accompanies this letter.

Based on the foregoing, Macauley Imaging, Inc. requests that the Department waive the penalty against Macauley Imaging, Inc. for not timely filing the 2001 Uniform Business Report.

MACAULEY IMAGING, INC.

By:


Amanda Macauley, President