

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

04 FEB -5 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000050809**

1. Corporation Name

**J MAC INVESTMENT GROUP INC.**  
**2904 N. 34<sup>th</sup> ST.**  
**TAMPA, FL. 33610**

2. Principal Office Address

3. Mailing Office Address

**2904 N. 34<sup>th</sup> ST**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**TAMPA, FL. 33610**

Zip

Country

Zip

Country

**33610**

**FLORIDA**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

**59-3719735**

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

**JOHN LOWE**

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

**2904 N. 34<sup>th</sup> ST.**

Suite, Apt. #, Etc.

City

**TAMPA**

State

**FL**

Zip Code

**33610**

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

**J.L. Lowe**

**2-5-04**

Date

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
1	JOHN LOWE	2904 N. 34 <sup>th</sup> ST.	TAMPA, FL. 33610

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-5-04**

CR2E081 (9/01)

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John Lowe

I-Mac Investment Group Inc.

2964 N. 34th St.

Tempe, AZ. 85281

Division of Corporation

409 E. GAMES

Tempe, AZ. 85281

RE: I-Mac Investment Group Inc.

Dear Sir or Madame,

Please accept this letter as a formal request to waive interest and penalty for the Restatement Fee. In that the Annual Report was forwarded to incorrect address. This error was for years 01, 02, 03 and 04, and it never received notice of Annual Report.

John Lowe  
President