

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 26 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000051003

1. Corporation Name

MACY ESTATES, INC.

Principal Place of Business

~~P.O. BOX 31162~~
~~PALM BCH GARDENS FL 33420-1162~~

Mailing Address

~~P.O. BOX 31162~~
~~PALM BCH GARDENS FL 33420-1162~~

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

2. New Principal Office Address, If Applicable

MACY ESTATES, INC

Suite, Apt. #, etc.

12 WALCOTT DRIVE

City & State

BOYNTON BEACH, FL

Zip

33462

Country

US

3. New Mailing Office Address, If Applicable

MACY ESTATES, INC

Suite, Apt. #, etc.

12 WALCOTT DRIVE

City & State

BOYNTON BEACH, FL

Zip

33462

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/2001

5. FEI Number

65-1115937

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
P/S	STEPHEN T. BREXEL	12 WALCOTT DRIVE	BOYNTON BEACH FLORIDA 33462

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02/26/03--01069--009 **908.75

8. Name and Address of Current Registered Agent

BREXEL, STEPHEN T

~~3078 OACA RIO COURT~~

~~PALM BCH GARDENS FL 33418~~

9. Name and Address of New Registered Agent

Name

STEPHEN T. BREXEL

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

12 WALCOTT DRIVE

Suite, Apt. #, Etc.

BOYNTON BEACH FLORIDA

City

BOYNTON BEACH

State

FL

Zip Code

33462

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2-21-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-03

Date

(561)
602-3188
Daytime Phone #