

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 10:25

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000051003

1. Corporation Name  
 MACY ESTATES, INC.



REINSTATEMENT 02-03

Principal Place of Business Mailing Address  
~~P.O. BOX 31162~~ ~~P.O. BOX 31162~~  
~~PALM BCH GARDENS FL 33420-1162~~ ~~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 12 WALCOTT DRIVE BOYNTON BEACH, FL 33462 US		3. New Mailing Office Address, If Applicable MACY ESTATES, INC 12 WALCOTT DRIVE BOYNTON BEACH, FL 33462 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 <input checked="" type="checkbox"/> \$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
			200013145982 02/26/03--01059--009 **908.75

8. Name and Address of Current Registered Agent BREXEL, STEPHEN T <del>3078 CASA RIO COURT</del> <del>PALM BCH GARDENS FL 33418</del>		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	
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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 *Stephen T. Brexel* 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: *Stephen T. Brexel* PRESIDENT Date 2-21-03 (561) Daytime Phone # 602-3188

CR2E040 (8/02)