

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG -6 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000067754**

1. Corporation Name

Macabi, Inc.

REINSTATEMENT 02-03

200022116032
08/06/03--01057--006 **900.00

2. Principal Office Address

253 Mar St.

3. Mailing Office Address

253 Mar St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

City & State

St. Pete Beach, FL

Zip

33706

Country

U.S.A.

Zip

33706

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

July 2, 2001

5. FEI Number

83-0351021

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Stephen Satterfield

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

253 Mar St.

Suite, Apt. #, Etc.

St. Pete Beach,

State
FL

Zip Code
33706

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

[Signature]

Date **08/01/03**

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
D.	Stephen Satterfield	253 Mar St.	St. Pete Beach, FL 33706
C.	Chris Satterfield	253 Mar St.	St. Pete Beach, FL 33706

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] **Stephen Satterfield**

Date **08/01/03**

Daytime Phone # **727-688-3083**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

gph