

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 28 AM 11:39

DOCUMENT # P02000015122

1. Corporation Name

MACA CORPORATION OF MIAMI #2

2. Principal Office Address - No P.O. Box #
9730 NW 20 Ave

3. Mailing Office Address
9730 NW 20 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip
FL

Country
33147

Zip
FL

Country
33147

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2002

5. FEI Number

01-0626149

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
MARISOL CARMONA

Street Address (P.O. Box Number is Not Acceptable)
9730 NW 20 Ave

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33147

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **8/23/07**

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
Pres	Marisol Carmona	9730 NW 20 Ave	Miami, FL 33147

800109295049

09/11/07--01016--006 **758.75

REINSTATEMENT

03-07

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 contained in Chapter 119, 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

8/23/07

Date

786-271-9513

Daytime Phone #