

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000017992

1. Entity Name
MACKEPRANG CORPORATION



FILED

07 MAR -9 PM 1:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

[Handwritten signature]



REINSTATEMENT 06-07

Principal Place of Business
**10908 BOURBON CT
#51
TAMPA, FL 33612**

Mailing Address
**10908 BOURBON CT
#51
TAMPA, FL 33612**

2. Principal Place of Business - No P.O. Box #
1717 E. Busch Blvd

3. Mailing Address
1717 E. Busch Blvd.

Suite, Apt. #, etc.
906

City & State
Tampa, FL

Zip
33612

Country
HB

4. FEI Number
01-0600574

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MACKEPRANG, MATTHIAS
10908 BOURBON CT.
#51
TAMPA, FL 33612**

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Handwritten signature]* **3-1-07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKEPRANG, MATTHIAS 10908 BOURBON CT., #51 TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKEPRANG, ELIA P 10908 BOURBON CT., #51 TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100093747441 03/19/07--01059--013 **308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Handwritten signature]* **3-1-07 813-5052927**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #