

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
03 OCT -3 AM 8:00

DOCUMENT # PO2000049270

1. Corporation Name

MAK P & C Restoration, Inc.

2. Principal Office Address

15731 SW 148th Ct

3. Mailing Office Address

PO Box 770722

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip

33187

Country

USA

Zip

33177

Country

USA

800023554618
10/03/03--01089--001 **150.00

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

May 3, 2002

5. FEI Number

03-0432255

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

Merland J. Conine

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

2871 Sunrise Lakes Drive East

Suite, Apt. #, Etc.

210

City

Sunrise

State

FL

Zip Code

33322

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 10/01/03

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
P,S,T.	Scott L. Zanakis	15731 SW 148th Court	Miami, Florida 33187

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

Scott L. Zanakis, President

786-242-3262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (10/02)

10-01-03

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Mr. Lam or Sir;

Please be advised that I have
never received the Uniform
Business Report and have filed
the attached.

Sincerely,
Scott L. Zankis
Scott L. Zankis