

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094256

1. Corporation Name

MACKLEY & ASSOCIATES, INC.

Principal Place of Business

4322 W EL PRADO BL
322 EL PARADO BLVD
TAMPA FL 33629 - 8440

Mailing Address

4322 W EL PRADO BL
322 EL PARADO BLVD
TAMPA FL 33629 - 8440



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/2002

5. FEI Number

51-0422606

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MACKLEY, TERESA K	322 EL PARADO BLVD 4322 W EL PRADO BL	TAMPA FL 33629 - 8440

700023752627

10/13/03--01074--024 **158.75

8. Name and Address of Current Registered Agent

MACKLEY, TERESA K
322 EL PARADO BLVD 4322 W EL PRADO BL
TAMPA FL 33629 - 8440

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Teresa K. Mackley
REGISTERED AGENT MUST SIGN

Date

10/18/03

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:

Teresa K. Mackley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/03

Terri Mackley PFR

Exclusive Agent

4322 El Prado Boulevard

Tampa, FL 33629-8440

Bus: (813) 902-8300

Fax: (813) 902-8302



Allstate.

You're in good hands.

October 8, 2003

Florida Department of State
Glenda E. Hood – Secretary
DIVISION OF CORPORATIONS
P O BOX 6327
Tallahassee, FL 32314

Dear Ms. Hood,

RE: P02000094256

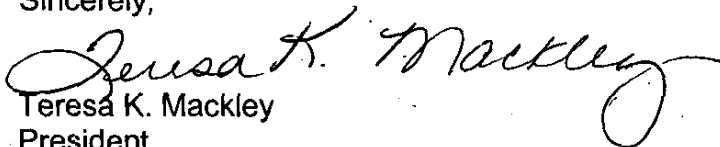
I just received in the mail a dissolution or revocation of my corporation form. This was shocking to me, because it is the very first form I have received. The address was not correct and it is amazing that this form came to me at all.

Please accept the renewal reporting fee of \$ 150.00. I have been told that this is a wide spread problem and that reinstatement fees have been waived. I will appreciate the same consideration since the information on this was incorrect. Below I have listed the correct address.

The address is 4322 W. El Prado Bl. Tampa Fl. 33629-8440

I thank you in advance for your attention to this problem.

Sincerely,


Teresa K. Mackley
President

Attached Reinstatement form
Uniform Business Report form