

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -9 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000098696

1. Corporation Name

MAC Locksmith Inc.

REINSTATEMENT 03

900026586169

01/09/04--01020--001 **150.00

2. Principal Office Address

2905 S. Hwy A1A

Suite, Apt. #, etc.

Suite # 8

City & State

Melbourne Beach

Zip

FL

Country

32951

3. Mailing Office Address

2905 S. Hwy A1A

Suite, Apt. #, etc.

Suite # 8

City & State

Melbourne Beach

Zip

32951

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/22/03

5. FEI Number

55-0805370

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

Michael A Cogswell

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

2905 S. Hwy A1A me

Suite, Apt. #, Etc.

City

Melbourne Beach

State
FL

Zip Code
32951

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

Michael Cogswell

REGISTERED AGENT MUST SIGN

Date

12/17/03

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
owner	Michael Cogswell	2905 S. Hwy A1A me	Melbourne Beach FL 32951

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:

Michael Cogswell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/03

Date

243-2885

Daytime Phone #

CR2E081 (10/02)

Michael A Cogswell (MAC Locksmith.)

To: Whom This may concern

Please wave the Fee 600⁰⁰ for
not paying my Annual Report Fee.
I did not get a bill in the mail.
I was told it was sent to
10661 N Kendall Drive, which is wrong!

Please send all Information pertaining

To Company To: 2905 S. Hwy A1A
Melbourne Beach, FL 32951

12/29/03

Thank you

Michael A Cogswell