2008 FOR PROFIT CORPORATION REINSTATEMENT

KEINGTATEMENT			C11 F(1	
DOCUMENT # P03000047159 1. Entity Name HENRIC-MAC CORPORATION		SECRETARY OF STATE DIVISION OF CORPORATIONS 08 DEC 19 AH 8: 17		
Principal Place of Business	Mailing Address			
880 W WISCONSIN AVE	880 W WISCONSIN AVE			
ORANGE CITY, FL 32763	ORANGE CITY, FL 3270	53		
			4 (306)370 67) 67 67) 10 10 10 10 10 10 10 10 10 10 10 10 10	1 1
2. Principal Place of Business - No P.O. Box #	3. Mailing Address			
			- s canada sin amena sing dang and and and and and the site of the letillal it fol	81
Suite, Apt. #, etc.	Suite, Apt. #, etc.		11032008 REIN-P CR2E098 (1/07)	
City & State	City & State		4. FEI Number Applied F.	
	5.0, 5.0.0		01-0785328 Not Applied	
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
		-	Fee Required	
6. Name and Address of Current Registered Agent Name			7. Name and Address of New Registered Agent	
HENRICKSON, RICHARD G				
880 W WISCONSIN AVE		Street Address	(P.O. Box Number is Not Acceptable)	
ORANGE CITY, FL 32763				
		City	To Code	
			FL Zip Code	
 The above named entity submits this stateme the obligations of registered agent. 	int for the purpose of changing its	registered office or registr	ered agent, or both, in the State of Florida. I am familiar with, and ac	cept
	γ_{σ}	411-	10/2/20	
SIGNATURE Richard G. Henrick Signature, typed or printed name of registered.	SON (NOT)	E: Registered Agent signature requ	ultimate under colorate (i.e.)	-
organization, types of prince training or regulative	agent and the happingside. (NO)	c. regions au Agent signature requ	DATE	
FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$9	00.00			
10. OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	☐ Delete	TITLE	☐ Change ☐ Ad	ddition
MAME HENRICKSON, RICHARD G		NAME	700139168807 12/19/0801029016 **758.75	
STREET ADDRESS 880 W WISCONSIN AVE CITY-ST-ZIP ORANGE CITY, FL 32763		STREET ADDRESS CITY-ST-ZIP	12/19/0801029016 **758.75	
TITLE D	Delete	TITLE	☐ Change ☐ Ac	idilion
NAME MACHERIONE, THOMAS	LJ DORGIC	NAME	☐ ∆iminite ☐ ive	JURION
STREET ADDRESS 1377 7TH AVE		STREET ADDRESS		
CITY-ST-ZIP DELAND, FL 32724		CITY · ST - ZIP		
TILE	Delete	TITLE	☐ Change ☐ Ad	dition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-SI-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change ☐ Ac	—
ļ · · · ·				dition
NAME		NAME		ddition
STREET ADDRESS		NAME STREET ADDRESS		ddition
STREET ADDRESS CITY - ST - ZIP		NAME STREET ADDRESS CITY-ST-ZIP		
STREET ADDRESS CITY - ST - ZIP TITLE	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ac	
STREET ADDRESS CITY - ST - ZIP		NAME STREET ADDRESS CITY-ST-ZIP		
STREET ADDRESS CITY - ST - ZIP TITLE NAME		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		dition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ac	dition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME > STREET ADDRESS	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS	☐ Change ☐ Ac	dition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME , STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ Change ☐ Ad	ddition
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied Indicated on this report of supplemental rep	Delete Delete J with this filling does not quality to port is frue and accurate and that respectively.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP T. the exemptions contains thy signature shall have the	Change Ac	addition diltion
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied Indicated on this report of supplemental rep	☐ Delete ☐ Delete ☐ with this filling does not qualify to port is true and accurate and that rempowered to execute this report	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP T the exemptions contains as required by Chapter 8	Change Ac	addition diltion
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME), STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver or trustee	Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP T the exemptions contains as required by Chapter 8	Change Ac	dition

a/22