

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

14 SEP 29 2014 11:40

SECTION 607, FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000055522

1. Entity Name  
AMAC REAL ESTATE CO



Principal Place of Business Mailing Address  
2418-1 MILLCREEK CT 2418-1 MILLCREEK CT  
TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

09292014 REIN-P CR2E098 (12/11)

4. FEI Number 20-1171287 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
NEWELL, NATHAN  
2418-1 MILLCREEK CT  
TALLAHASSEE, FL 32308  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!! FEE IS \$750.00  
After January 1, 2015, Fee will be \$900.00

| 10. OFFICERS AND DIRECTORS |                       |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |  |
|----------------------------|-----------------------|---------------------------------|--|---|---------------------------------|-----------------------------------|--|
| TITLE                      | P                     | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | NEWELL, NATHAN        |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             | 2418-1 MILLCREEK CT   |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                | TALLAHASSEE, FL 32308 |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                       |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                       |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                       |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                       |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                       |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                       |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                       |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                       |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |

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 \_\_\_\_\_ DATE \_\_\_\_\_ MAIL ADDRESS \_\_\_\_\_

9/30/14

RE 9/6/14