

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT -9 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000009629

1. Corporation Name

FREDDIE MACIAS, INC

REINSTATEMENT 08-09

700161540427

10/09/09--01024--012 **300.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

3120 ROGERS ROAD

3. Mailing Office Address

3120 ROGERS ROAD

Stite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

City & State

FORT PIERCE, FL

Zip

34981

Country

ST LUCIE

Zip

34981

Country

ST LUCIE

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/2005

5. FEI Number
20-2190788

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

JOSE A MACIAS JR

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

3120 ROGERS ROAD

Suite, Apt. #, Etc.

City

FORT PIERCE

State
FL

Zip Code
34981

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10/6/09

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/D	JOSE A MACIAS JR	3120 ROGERS ROAD	FORT PIERCE FL 34981
VP/D	MITZI MACIAS	3120 ROGERS ROAD	FORT PIERCE FL 34981

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/09 (772) 489-4856

Date

Daytime Phone #