

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 13 PM 3:10

DOCUMENT # **P06000002401**

1. Corporation Name

MAC TRADEWINDS, INC.

800180272118
05/04/10--01046--006 **\$50.00

REINSTATEMENT 08-10
CR2E081 (4/10)

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

1927 NE 15TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

175 W CAMINO REAL

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

BOCA RATON, FL

33305

Country

Zip

33432

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/2006

5. FEI Number

03-0578795

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

Street Address

**HIRSCH AND COMPANY CPAS INC
175 W. CAMINO REAL**

Suite, Apt.

BOCA RATON, FL 33142

City

State

Zip Code

FL

☒ **PROFIT CORPORATIONS ONLY**
The \$600.00 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/23/10

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	Michael Carlson	1927 NE 15th Ave	FL lauderdale FL 33305

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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

Date

Daytime Phone #

4-27-10 ☒ **954 369 1255**