2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000002668

1. Entity Name
MAC ESTATE ANTELI INC

FILED
08 JAN -8 PM 12: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

Principal Place of Business	Mailing Address
1821 SW CALIFORNIA BLVD PORT SAINT LUCIE, FL 34953	1821 SW CALIFORNIA BLVD PORT SAINT LUCIE, FL 34953

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2673 SW ABEL ST	2673 SW ABEL ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT SAINT LUCIE. FL	City & State: PORT SAINT LUCIE. FL
Zip: 34953 Country: US	Zip: 34953 Country: US

4. FEI Number: 20-407 1959 ☐ 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
ACOSTA, ANTONIO J 2673 SW ABEL ST. PORT SAINT LUCIE, FL 34953	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: ANTONIO J. ACOSTA — 01/07/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ACOSTA, ANTONIO J 1821 SW CALIFORNIA BLVD PORT SAINT LUCIE, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ACOSTA, ANTONIO J 2673 SW ABEL ST PORT ST. LUCIE, FL 34953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ACOSTA, ISABEL Y 865 UNITED NATIONS PLAZA APT 12 E NEW YORK, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ACOSTA, ISABEL Y 405 EAST 54 ST APT. 10-D NEW YORK, NY 10022	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ACOSTA, ELIZABETH 1821 SW CALIFORNIA BLVD PORT SAINT LUCIE, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ACOSTA, ELIZABETH 2673 SW ABEL ST PORT SAINT LUCIE, FL 34953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACOSTA, ADRIANA F 1204 NE 4 TH AVE BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600114322205 01/08/08--01013--004 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACOSTA, CATALINA D 2783 NE SEWALL'S LANDING WAY JENSEN BEACH, FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1/10	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: ANTONIO J. ACOSTA — 01/07/2008 — 561-866 8224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #