

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO6000078552

1. Corporation Name

Mackes Enterprises Inc.

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

112 Summerhill Cr

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

St. Augustine FL

Zip

32086

Country

USA

City & State

Zip

32086

Country

USA

300182578213
06/24/10--01034--012 **1200.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6/7/2006

5. FEI Number

NONE

☐ 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

Nancy Macke

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

112 Summerhill Cr

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32086

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

Nancy Macke - V.P.
REGISTERED AGENT MUST SIGN

Date 6-21-10

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	<u>Douglas W. Macke</u>	<u>570 A1A</u>	<u>St. Augustine FL</u> <u>32080</u>
VP	<u>Nancy Macke</u>	<u>112 Summerhill</u>	<u>St. Augustine, FL</u> <u>32086</u>

6/28/10

REINSTATEMENT

6-10

10. E-mail Address: Nmacke@watsonrealtycorp.com

(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: Nancy Macke, Nancy Macke

6-21-10

Date

Daytime Phone #

904
501-3381