

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC -7 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000138282

1. Corporation Name

MACEDO FLOORING, INC.

400163382754
12/07/09--01086--005 **300.00

REINSTATEMENT 08-09

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

2865 WINKLER AVE

Suite, Apt. #, etc.

APT 417

City & State

FORT MYERS, FL

Zip

33916

Country

USA

3. Mailing Office Address

2865 WINKLER AVE

Suite, Apt. #, etc.

APT 417

City & State

FORT MYERS, FL

Zip

33916

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 11/01/2006

5. FEI Number

205825262

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

GUSTAVO MACEDO

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

2865 WINKLER AVE

Suite, Apt. #, Etc.

APT 417

City

FORT MYERS

State

FL

Zip Code

33916

☒ 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

Date 11/25/2009

REGISTERED AGENT MUST SIGN

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
PD	GUSTAVO MACEDO	2865 WINKLER AVE# 417	FORT MYERS, FL 33916
S	LUIZ SANTOS	2865 WINKLER AVE# 417	FORT MYERS, FL 33916

12/8

10. E-mail Address: EXSANGUIS @HOTMAIL.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: *

GUSTAVO MACEDO

11/25/2009 239-895-4990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #