

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY -4 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000012168

1. Corporation Name

Mac Logistics Corp

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

1809 Soaring Heights Cir

Suite, Apt. #, etc.

3. Mailing Office Address

1809 Soaring Heights Cir

Suite, Apt. #, etc.

City & State

Orlando

City & State

Orlando

Zip

32837

Country

USA

Zip

32837

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/2009

5. FEI Number

26-4217400

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

Marlon R Alvarado

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

1809 Soaring Heights Cir

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

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

[Handwritten Signature]

Date 04/28/2011

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
P	Marlon R Alvarado	1809 Soaring Heights Cir	Orlando, FL 32837
VP	Carlos E Cruz	80934 Lassen St	Northridge, Ca 91324
T	Marlon R Alvarado	1809 Soaring Heights Cir	Orlando, FL 32837
S	Carlos E Cruz	80934 Lassen St	Northridge Ca 91324
		REINSTATEMENT	10-11
			BS/S/11

10. E-mail Address: reosario@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Handwritten Signature] MARLON R ALVARADO

04/28/2011

4073015322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #