

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 FEB 17 PM 12:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P930000 684168

1. Corporation Name
 Maca Development Corporation

Principal Place of Business Mailing Address
 14701 SW 173 Street
 Miami, Florida 33187

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 13356 SW 128 Street		3. New Mailing Office Address, if Applicable 13356 SW 128 Street		4. Date incorporated or Qualified To Do Business in Florida 10/1/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0440810	
City & State Miami, Fla.		City & State Miami, Fla.		Applied For: Not Applicable	
Zip 33186		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee Required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Mario Fernandez	13356 SW 128 Street Miami, Fla. 33186	Miami, Fla. 33186
VP	Diego Cayon	13356 SW 128 Street Miami, Fla. 33186	Miami, Fla. 33186
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REINSTATEMENT 99-00 TS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Mario Fernandez 13356 SW 128 Street Miami, Fla. 33186		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *[Signature]* Date: 2/16/00
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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]* Date: 2/16/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Mario Fernandez, President