

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 FEB 11 PM 3:48

DOCUMENT # P93000086896

1. Corporation Name

MAC ACCESSORY CENTER, INC.

0102
UBR

Principal Place of Business

3307 WEST WATERS AVENUE
TAMPA FL 33614
US

Mailing Address

3307 W WATERS AVE
TAMPA FL 33614
US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1993

5. FEI Number

59-3234170

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ZAMBITO, ROBERT	3307 W WATERS AVE	TAMPA FL 33614

100004927651--1
-02/15/02--01001--007
****300.00 ****300.00

8. Name and Address of Current Registered Agent

ZAMBITO, ROBERT
3307 WEST WATER AVE
TAMPA FL 33614

9. Name and Address of New Registered Agent

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

Robert Zambito

REGISTERED AGENT MUST SIGN

Date

2-3-02

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 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:

Robert Zambito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-02

Date

813-931-9711

Daytime Phone #

CR2040 (8/01)

20f2

2-8-02

Department Of State
Division of Corporations
P.O.Box 6327
Tallahassee Fl, 32314

To Whom It May Concern:

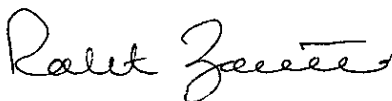
I am writing to request that the reinstatement fee for our corporation be waived. Our offices were moved to a new address last year and we believe that the documentation for the corporation was either returned or not forwarded to our new address.

I do not believe that the corporation has ever been dissolved before. We will take the necessary steps to insure that this does not happen again. We would appreciate your consideration of our request.

Our Previous address was: 9229 Lazy Lane, Tampa Florida 33614

Our new address is: 3307 West Waters Avenue Tampa Florida 33614

Sincerely,



Robert Zambito