

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 22 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086896

1. Corporation Name Mac Accessory Center Inc.

2. Principal Office Address

3307 W. WATERS AVE.

Suite, Apt. #, etc.

City & State

TAMPA

Zip

33614

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

33614

Country

USA

REINSTATEMENT

03-04

WOP

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

59 323 4170

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

Robert Zambito

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

3307 West Waters Ave. 500039357775

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33614

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

Raul Zambito
REGISTERED AGENT MUST SIGN

Date 6-27-04

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
<u>D</u>	<u>Robert Zambito</u>	<u>4711 Troydale Rd.</u>	<u>Tampa FL 33615</u>

10. 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:

Raul Zambito

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-27-04

Daytime Phone #

299-6999

(813) 299-6999

CR2E081 (01/04)

6-28-04

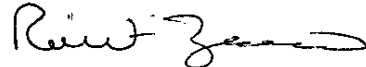
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

To Whom It May Concern:

My name is Robert Zambito and I am the president and owner of Mac Accessory Center Inc. a Florida corporation. The purpose of this letter is to request a waiver of the reinstatement fee for this corporation. We did not receive the report for last year and subsequently were just informed of the status of the corporation.

~~I have enclosed a check for \$300.00 for the corporate reports. Your assistance~~
Is greatly appreciated, and if you have any questions please do not hesitate to give me a call. 813-299-6999

Sincerely,



Robert Zambito
President