

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000063204
1. Corporation Name
MACMILLAN BELL Inc.

Principal Place of Business Mailing Address
5625 S. UNIVERSITY DR. DAVIE FL. 33328 **SAME**

FILED
97 APR 22 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96197

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida **8-26-94**

5. FEI Number **65-0530240**

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

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

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

Suite, Apt. #, etc. City & State Zip Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	RAFAEL A. Perez	5625 S. UNIVERSITY DR.	DAVIE, FL. 33328
D/S	CHRISTINA BELL	5625 S. UNIVERSITY DR.	DAVIE, FL. 33328

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **CHRISTINA BELL**
Street Address (P.O. Box Number is Not Acceptable) **5625 S. UNIVERSITY DR.**
Suite, Apt. #, Etc.
City **DAVIE** State **FL** Zip Code **33328**

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 **Christina Bell** Date **4-21-97**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that when this application is provided for in chapter 607 or 617, F.S., I further certify that when this application is provided for in chapter 607 or 617, F.S., and that 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. 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: **Christina Bell** **CHRISTINA BELL** **4-21-97** **954-434-7781**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #