## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

## APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**  FILED

96 NOV 18 AM 7: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **DOCUMENT #** P94000076374

1. Corporation Name

MACPRO CONSULT	NG SERVICES. II	NC
----------------	-----------------	----

Principal Place of Business

Mailing Address

4190 BELFORT ROAD

4180 BELFORT ROAD

SUITE 200

SUITE 200

SACKSOMMETE LE 95510				REINSTATEMENT Que				
If above a	addresses are	incorrect in any way, line	through incorrect	nformation a	nd enter correction belo	. REINS	TATEME	NI CO
New Principal Office Address, If Applicable     New Malli		Malling Office Address, If Applicable		4. Date Incom	porated or Qualified iness in Florida	10/18/1994		
Suite, Apt. #, etc. Suite, Apt. #,		#, etc.		5. FEI Number		Applied For		
City & State	e	City & Stat		9			59-3274804	Not Applicable
Zip		Country	Zip		Country	6. CERTIFICAT	TE OF STATUS DESIRED	
7. Names	and Street Ad	dresses of Each Officer	and/or Director (Flo	orlda nonprofi	t corporations must list	at least 3 directors)		(1) 经营业的
Title(s)	2	Name of Officers and/or Directors		3 (Do	Street Address of Officer and/or Din NOT Use Post Office E	ector	4 Ci	ty / State / Zip
D	LEWIS, GI	EORGINA L		1880 PL/	ANTATION CAKS DR	ME	JACKSONMILE R	. \$223
B	- LEWS- GI	IRIGTOPHER-S		-1860 PL	ANTATION GAKE DR	NE	-MEXECUMILE R	-8020) -
<u>-</u>						6	0000201	16467
							-11/21/96	01097002 00 ****375.00
-					• • • • •			· 1774年中 中央部分的

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BOOTH, EDWARD M JR. 1301 RIVERPLACE BLVD.	Name LEWIS, GEORGINA LYN Street Address (P.O. Box Number is Not Acceptable) 4190 Belfort Road
JACKSONVILLE FL 32207	Suite, Apt. #, Etc. Suite 260

Jacksonville 10. I, being appointed ared agent of the above named c familiar with and accept the obligations of Section 607.0505, F.S

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

Yes kx No

(See other side for information on intangible tax.)

Date 11-15-96

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 less 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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Signature of Registered Agent

904-296-6100

S. C. G. (1984) 1985 (1986) 1986 (1984) 1886 (1986) 1886 (1986) 1986 (1986) 1886 (1986) 1886 (1986) 1886 (1986)

全主要指的现在形式