

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000076374

1. Corporation Name

MACPRO SOFTWARE, INC.

Principal Place of Business

4190 Belfort Road
Suite 260
Jacksonville, FL
32216

Mailing Address

4190 Belfort Road
Suite 260
Jacksonville, FL
32216

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

2. New Principal Office Address, If Applicable

7406 Fullerton Street

Suite, Apt. #, etc.

Suite 102

City & State

Jacksonville, FL

Zip

32256

Country

Duval

3. New Mailing Office Address, If Applicable

7406 Fullerton Street

Suite, Apt. #, etc.

Suite 102

City & State

Jacksonville, FL

Zip

32256

Country

Duval

4. Date Incorporated or Qualified

To Do Business in Florida

10/18/94

5. FEI Number

59-3274604

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Application Fee and
Fee for Certificate of Status

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
DP ST	Lewis, Georgina L.	7406 Fullerton Street Suite 102	Jacksonville, FL 32256

500003084715-5
-12/08/99--01072--003
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Lewis, Georgina L.
4190 Belfort Road
Suite 260
Jacksonville, FL 32216

9. Name and Address of New Registered Agent

Name
Entrastate Registered Agent Corporation
Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue
Suite, Apt. #, Etc.
Suite 3000
City
Miami
State
FL
Zip Code
33131

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

REGISTERED AGENT MUST SIGN

Date

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

99 NOV 30 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

91899

CR2E081 (12/98)