

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # **P94000085748**

1. Corporation Name

MACK, HAYGOOD & MCLEAN, P.A.

Principal Place of Business

980 NORTH FEDERAL HIGHWAY
SUITE 305
BOCA RATON FL 33432-2704

Mailing Address

980 NORTH FEDERAL HIGHWAY
SUITE 305
BOCA RATON FL 33432-2704

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

2. New Principal Office Address, If Applicable

2255 Glades Rd

Suite, Apt. #, etc.

234 W

City & State

Boca Raton, FL

Zip

33431

Country

U.S.A.

3. New Mailing Office Address, If Applicable

2255 Glades Rd

Suite, Apt. #, etc.

234 W

City & State

Boca Raton, FL

Zip

33431

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

11/21/1994

5. FEI Number

58-1669246

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)

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	MACK, CURTIS L	100 PEACHTREE ST NW, STE 600	ATLANTA GA 30303
VP	WILLIAMS, GERALD A	980 N FED HWY, STE 305	BOCA RATON FL 33432
S	MCLEAN, JACK L	100 PEACHTREE ST NW, STE 600	ATLANTA GA 30303

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****900.00 ****900.00

8. Name and Address of Current Registered Agent

HAYGOOD, J. MICHAEL
980 NORTH FEDERAL HIGHWAY
SUITE 305
BOCA RATON FL 33432-2704

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

J. Michael Haygood
REGISTERED AGENT MUST SIGN

Date

7/21/99

11. This corporation owes or has paid 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 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Curtis L Mack

7/21/99
Date

(404)

2230500
Daytime Phone #