

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 NOV -8 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000065143

**1. Corporation Name**

MACS CUSTOM CONSTRUCTION, INC.

**2. Principal Office Address**

848 Gloucester Street

**3. Mailing Office Address**

P.O. Box 576

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Boca Raton, FL

**City & State**

Delray Beach, FL

**Zip**

33487

**Country**

U.S.A.

**Zip**

33447

**Country**

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

August 2, 1996

**5. FEI Number**

65-0730335

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**

Richard J. Meccariello, Jr.

500004703635--0

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

634 Lindell Blvd.

12/01/01-01020-005

\*\*\*150.00 \*\*\* 50.00

Suite, Apt. #, Etc.

**City**

Delray Beach

**State**

FL

**Zip Code**

33444

**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

*Richard J. Meccariello, Jr.*  
REGISTERED AGENT MUST SIGN

Date Nov. 6, 2001

**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
P	Meccariello, Richard Jr., Jr.	634 Lindell Blvd.	Delray Beach, FL 33444

**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:**

*Richard J. Meccariello, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 6, 2001

Date

561-274-7002

Daytime Phone #

CR2001 (8/00)



POST OFFICE BOX 576  
DELRAY BEACH, FL 33467  
LICENSED & INSURED  
CGC 04973

TELEPHONE: 561.274.7002  
FAX LINE: 561.274.2033

2052

RICHARD J. MECCARIELLO, JR.  
PRESIDENT

Tuesday, November 6, 2001

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Corporate Reinstatement

Dear Sir or Madam:

It recently came to our attention that our status with you is listed as inactive, and therefore we have attached your corporate reinstatement form, along with a check for the regular fee.

In that we never received our 2001 Uniform Business Report form, we are requesting waiver of the reinstatement late fees.

Thank you for your consideration.

Sincerely,

MACS CUSTOM CONSTRUCTION, INC.

A handwritten signature in black ink, appearing to read "Richard J. Meccariello", followed by a long horizontal line.

By: Richard J. Meccariello, President

RJM/KBR

ENCLOSURES

\* Please note our new mailing address!