

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000099082

1. Corporation Name

MAC WORLDWIDE, INC.

Principal Place of Business

Mailing Address

8001 NW 36 ST  
#100 C  
MIAMI FL 33166  
US

8001 NW 36 ST  
#100 C  
MIAMI FL 33166  
US

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7010 GLENEAGLE DR

POST BOX #4531

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

Country

Zip

Country

33014

U.S.A.

33014

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

12/05/1996

5. FEI Number

65-0716339

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DIAS, KAREN A	8001 NW 36TH STR #100C	MIAMI FL 33166
		7010 GLENEAGLE DR MIAMI FL 33014	MIAMI FL 33014
			100004685321--3
			11/16/01--01056--008
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GELFAND, ELLIOTT J

10611 N KENDALL DR

SUITE 311

MIAMI FL 33176

Name

ELLIOTT J. GELFAND

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

10691 N. KENDALL DR

Suite, Apt. #, Etc.

311

City

MIAMI

State

FL

Zip Code

33176

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/24/01

11. 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:

KAREN DIAS *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/01 305-231-9399

Daytime Phone #