


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P97000007290</b> 1. Entity Name <b>MACPAT, INC.</b>					
Principal Place of Business <b>5440 N OCEAN DR #805 SINGER ISLAND, FL 33404 US</b>			Mailing Address <b>5440 N OCEAN DR #805 SINGER ISLAND, FL 33404 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2371 CARRIAGE HILL TERRACE SUITE, APT. #, etc. 201</b>		3. Mailing Address <b>2371 CARRIAGE HILL TERR. SUITE, APT. #, etc. 201</b>			
City & State <b>PAIM CITY FLA</b>		City & State <b>PAIM CITY FLA</b>		4. FEI Number <b>65-0729431</b>	
Zip <b>34990</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCCAULEY, PATRICK 5440 N OCEAN DR #805 SINGER ISLAND, FL 33404</b>				7. Name and Address of New Registered Agent Name <b>MCCAULEY, PATRICK</b> Street Address (P.O. Box Number is Not Acceptable) <b>2371 CARRIAGE HILL TERRACE</b> City <b>PAIM CITY</b> <b>FL</b> Zip Code <b>34990</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Patrick McCauley</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>4/24/07</b>					
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD MCCAULEY, PATRICK 5440 N OCEAN DR #805 SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD MCCAULEY PATRICK 2371 CARRIAGE HILL TERR UNIT 201 PAIM CITY, FLA 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500103279275 05/25/07--01012--023 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Patrick McCauley</b> <b>Patrick McCauley</b> <b>4/24/07</b> <b>851-762-3907</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07 WOP