

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 16 AM 7:59

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000015617

1. Corporation Name

MACSUB II, INC.

2. Principal Office Address

630 CHESTNUT ST.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip
33756

Country
USA

3. Mailing Office Address

630 CHESTNUT ST.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip
33756

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/1997

5. FEI Number

59-3426549

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

AMINIE MOHIP

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

630 CHESTNUT ST.

Suite, Apt. #, Etc.

City

CLEARWATER, FL

State
FL

Zip Code
33756

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

Aminie Mohip

Date

10/13/06

REGISTERED AGENT MUST SIGN

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
PD	DAVID MCCOMAS	630 CHESTNUT ST.	CLEARWATER, FL 33756
	<i>10/20</i>		59008086319 10/19/06--01020--002 **1650.00

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 contained in Chapter 119, 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:

David McComas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/06

727-410-2800

Daytime Phone #