

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99-00 UPR
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



**CORPORATION
REINSTATEMENT**

DOCUMENT # P - 97000022945

1. Corporation Name

MACT Family Corporation

2. Principal Office Address

15405 Northwest 7th Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33169

Country
Dade

3. Mailing Office Address

15405 Northwest 7th Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33169

Country
Dade

4. Date Incorporated or Qualified
To Do Business in Florida

3/13/97

5. FEI Number
65-0750475

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

Romulo Zapatel

500003386195-1

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

15405 Northwest 7th Avenue

-09/08/00--01008--004

***300.00 ***300.00

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33169

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

Romulo Zapatel

REGISTERED AGENT MUST SIGN

Date

8/11/2000

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
D	Raymond Sullivan	15405 N.W. 7th Avenue	Miami, Florida 33169
D	Matthew Sullivan	15405 N.W. 7th Avenue	Miami, Florida 33169

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)(l), 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:

Matthew R. Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/00

Date

305 682600

Daytime Phone #

CR2E081 (9/99)

- Please Do Not Remove -

- 2 -



COASTAL BUILDING MAINTENANCE

May 31, 2000

Florida Department of State
Katherine Harris, Secretary of State
P.O. Box 6327
Tallahassee, FL 32314

Subject: Mact Family Partnership, LTD.
Ref. Number: A97000000621

To Whom It May Concern:

We are in receipt of your letter dated May 23, 2000 about your fees to reinstate the General Partner for \$900.00. We are requesting to have this lien and/or penalty withheld because we are involved in a civil action suit with our previous accountant because of fraudulent activity. He purposely didn't activate me for your records and for this reason I am asking you to forgive this reinstatement fee.

I would be most willing to provide you or the state with any records or documentation pertaining to our current lawsuit. Thank you for your anticipated support.

Sincerely,

Ray Sullivan
General Partner
Mact Family Partnership, LTD

997 - 22945