PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
REINSTATEMENT	Γ



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMEN	T #	P -	97000022	945
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1. Corporation Name

2 Principal Office Address

MACT Family Corporation

- Fincipal Office	Audiess	Je Walling Chice?	1001622			
15405 No:	rthwest 7th Av	e 15405 No	rthwest 7th Ave	į.		
Suite, Apt. #, etc.	·············	Suite, Apt. #, etc.				
City & State Miami, Florida				4. Date Incorporated or Qualified To Do Business in Florida 3/13/97		
		City & State		5. FEI Number	Applied For Not Applicable	
		Miami, F	lorida	65-0750475		
Žip	Country	Zip	Country	6-	,,	
33169	Dade _	33169	Dade	CENTIFICATE OF STATIJE DESIDED	75 Additional Fee required for a Certificate of Status	
		7. Name	and Address of Current Register	red Agent		
Nam	=	•				
Re	omulo Zapatel	•		500003386	1954-1	

Romulo Zapatel		5000	03386	195
Street Address (P.O. Box Number is Not Acceptable) 15405 Northwest 7th Avenue			3/08/000 ***300.00	
Suite, Apt. #, Etc.	- Cher	<u>.</u>		
City		State	Zip Code	
Miami		FL	33169	

Signature of Registered Agent

Matthew Sullivan

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director 15405 N.W. 7th Avenue Miami, Florida 33169 Raymond Sullivan D Miami, Florida 33169

15405 N.W. 7th Avenue

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 filling 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.

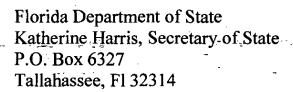
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



COASTAL BUILDING MAINTENANCE

May 31,.2000



Subject: Mact Family Partnership, LTD.

Ref. Number: A9700000621

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 fraudulant 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,

Kay Sullivan General Partner

Mact Family Partnership, LTD

197-22945