

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 JUN -8 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 797000069569

1. Corporation Name

MACAIONE GROUP, INC.

2. Principal Office Address

1505 EAGLE NEST CIRCLE

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WINTER SPRINGS, FL

City & State

Zip

32708

Country

SEMINOLE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

59-3464043

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

DOMENIC A. MACAIONE

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

1505 EAGLE NEST CIRCLE

Suite, Apt. #, Etc.

City

WINTER SPRINGS

State

FL

Zip Code

32708

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5 JUNE 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
P/D	DOMENIC A. MACAIONE	1505 EAGLE NEST CIRCLE	WINTER SPRINGS, FL 32708
V/D	LORRAINE S. MACAIONE	1505 EAGLE NEST CIRCLE	WINTER SPRINGS, FL 32708

M. MILLIGAN JUN 19 2000

407-977-7822

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)(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:

[Signature]

DOMENIC A. MACAIONE

5 JUNE 2000

407-977-7821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)



MACAIONE Group Inc

June 5, 2000

Division of Corporations,
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

Re: Corporate Reinstatement

Gentlemen:

It has come to my attention that you have administratively dissolved Macaione Group, Inc. for failure to provide the 1999 annual report.

The company was formally located at 4187 Kirkaldy Drive, Palm Harbor, FL and was relocated to 1505 Eagle Nest Circle, Winter Springs, FL 32708 in 1999. We sent out notices for the change of address however for some reason it was never changed. When I discovered that it was dissolved I called and was advised the address was not changed in the state records. As a result I never received the 1999 forms and did not file.

I called your offices and was sent the enclosed form and instructed to write a letter of explanation and enclose a check in the amount of \$300.00 plus \$8.75 for a certificate of status. I am enclosing the form and a check in the amount of 308.75 and request reinstatement.

I would appreciate your changing the corporation address and forwarding the forms for the year 2000 annual report if that is necessary for this year.

Sincerely,

A handwritten signature in black ink, appearing to read 'Domenic A. Macaione', is written over a horizontal line.

Domenic A. Macaione
President & CEO

phone: 407-977-7821
fax: 407-977-7822
email: macaione@iag.net
1505 Eagle Nest Circle
Winter Springs, FL 32708