

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000071810

1. Corporation Name

JAMES EDWARD MACON, INC.

Principal Place of Business

750 S ORANGE BLOSSOM TRAIL
SUITE 1
ORLANDO FL 32805

Mailing Address

750 S ORANGE BLOSSOM TRAIL
SUITE 1
ORLANDO FL 32805

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1997

SP

5. FEI Number

59-3463699

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MACON, JAMES E	750 S ORANGE BLOSSOM TRAIL SUITE	ORLANDO FL 32805
D	MACON, PEGGY	750 S ORANGE BLOSSOM TRAIL SUITE	ORLANDO FL 32805
			500004435135--6 -06/21/01--01050--005 *****900.00 *****900.00
			500004435135--6 -06/21/01--01050--006 *****17.50 *****17.50

8. Name and Address of Current Registered Agent

MACON, FERDINAND M
750 S ORANGE BLOSSOM TRAIL
SUITE 1
ORLANDO FL 32805

9. Name and Address of New Registered Agent

Name James E. MACON
Street Address (P.O. Box Number is Not Acceptable) 750 S. Orange Blossom Trail / #1
Suite, Apt. #, Etc. #1
City Orlando State FL Zip Code 32805

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 6/11/01

11. 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]* James E. MACON
DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/01 (407)843-3577
Date Daytime Phone #

CR2E040 (8/00)