

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -6 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000071810**

1. Corporation Name

James Edward MACON, Inc.

2. Principal Office Address

750 S. Orange Blossum Tr.

Suite, Apt. #, etc.

1 (one)

City & State

Orlando, FL

Zip

32805

Country

orange

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

32805

Country

orange

**4. Date Incorporated or Qualified
To Do Business in Florida**

1997

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. Name and Address of Current Registered Agent

Name

J. E. MACON

600028320576

02/06/04--01018--016 **1058.75

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

750 S. Orange Blossum Trail

Suite, Apt. #, Etc.

Suite one

City

Orlando

State
FL

Zip Code

32805

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

10/20/03

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	James E. MACON	750 S. Orange Blossum Trail #1	Orlando, FL. 32805
VP/D	Peggy A. MACON	750 S. Orange Blossum Trail #1	Orlando, FL. 32805
D	Ferdinand MACON	750 S. Orange Blossum Trail #1	Orlando, FL. 32805
D	Dexter MACON	750 S. Orange Blossum Trail #1	Orlando, FL. 32805

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] James E. MACON

10/20/03 (407) 843-3577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)