PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 DEC 11 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

DOCUMENT # P97000071810

1. Corporation Name
JAMES EDWARD MACON, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
750 S. Orange Blossom Tr.	750 S. O.B.T.
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
City & State Orlando	City & State Orlando
Zip 32805 Country Orange	Zip 32805 Country Orange

4. Date Incorporated or Qualified To Do Business In Florida 8/18/97

5. FEI Number 593463699 ☒ 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: James E. MACON
Street Address (P.O. Box Number is Not Acceptable): 750 S. Orange Blossom Trail
Suite, Apt. #, Etc.: #1
City: Orlando State: FL Zip Code: 32805

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: E. Macon — REGISTERED AGENT MUST SIGN — Date 12/9/08

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. O.B.T. #1 Orlando, FL. 32805	Orlando, FL. 32805
VP/D	Peggy A. MACON	750 S. O.B.T. #1	Orlando, FL. 32805
S/D	Ferdinand M. MACON	750 S. O.B.T. #1	Orlando, FL. 32805

REINSTATEMENT 07-08

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 contained in Chapter 119, 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: E. Macon P/D James E. MACON 12/9/08 (407)843-3597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
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Heather x 2908

CORPORATION REINSTATEMENT

JAMES EDWARD MACON, INC.

Certificate of Status	0
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