

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P98000005068

99 OCT 21 AM 10:17

1. Corporation Name  
KMAC & COMPANY, INC.

Principal Place of Business Mailing Address  
1153 34TH AVE NORTH #1 1153 34TH AVE NORTH #1  
ST. PETERSBURG FL 33704-1840 ST. PETERSBURG FL 33704-1840



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

07-28-95 90014 011 \$550.00

2. New Principal Office Address, If Applicable 401 37 <sup>TH</sup> AVENUE NE Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 401 37 <sup>TH</sup> AVENUE NE Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 01/16/1998
City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL	5. FEI Number 59-34 86381
Zip 33704	Country USA	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MACNEILL, KAREN	1153 34TH AVE NORTH #1 401 37 <sup>TH</sup> AVENUE NE	ST. PETERSBURG FL 33704

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BOULEVARD #211  
PALM BEACH GARDENS FL 33418

Name  
Street Address (P.O. Box Number Is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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 Ka. McNeill Date 10/18/99  
REGISTERED AGENT MUST SIGN

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: Ka. McNeill Date 10/18/99 Daytime Phone # 727-821-6505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (8/99)



October 19, 1999

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Dissolution of Kmac & Company, Inc.

To Whom It May Concern,

I contacted your office to verify that you received the \$550 back in August, but that you needed the FBI number. I never received the rejection letter, only the enclosed reinstatement form. Your office confirmed I needed only to provide the FBI number and the Dissolution would be waived.

I am in the process of moving, so I am unable to locate a copy of the annual report mailed with the \$550, but I have reviewed all the information on the reinstatement form, made the address change and added the FBI number as well. The address change is effective November 1, 1999.

If there is any remaining issue preventing the restoration of Kmac & Company, Inc. please notify me immediately!

Best regards,

Karen MacNeill  
727.821.6565 daytime  
macneill@mediacentric.net

encl: Reinstatement form