

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

DOCUMENT # P98000005491

1. Corporation Name
MACPHEE INC.

Principal Place of Business

2929 NE 49 ST #6
FT LAUDERDALE FL 33308

Mailing Address

2929 NE 49 ST #6
FT LAUDERDALE FL 33308

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

2. New Principal Office Address, If Applicable

MacPhee Inc.
Suite, Apt. #, etc.
Lauderdale by the Sea
City & State
250 Avalon Ave, FL
Zip
33308 Country
USA

3. New Mailing Office Address, If Applicable

MacPhee Inc.
Suite, Apt. #, etc.
250 Avalon Ave.
City & State
Lauderdale by the Sea, FL
Zip
33308 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1998

5. FEI Number

65-0806184

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D P	MACPHEE, DAVID	2929 NE 49 ST #6 250 Avalon Ave.	FT LAUDERDALE FL 33308 Lauderdale by the Sea, FL 33308
			200003026922--7 -10/27/99--01093--002 ****150.00 ****150.00
			TS

8. Name and Address of Current Registered Agent

MACPHEE, DAVID
2929 NE 49 ST #6
FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name David MacPhee
Street Address (P.O. Box Number is Not Acceptable)
250 Avalon Ave
Suite, Apt. #, Etc.

City Lauderdale by the Sea State FL Zip Code 33308

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

David MacPhee
REGISTERED AGENT MUST SIGN

Date 10/13/99

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:

David MacPhee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/99 (951) 491-5124
Date Daytime Phone #

MACPHEE, INC.
250 AVALON AVENUE
LAUDERDALE BY THE SEA, FLORIDA 33308
(954) 491-5034 2

October 13, 1999

To: Whom It May Concern / Dept. of State, Division of Corporations

I received today October 13, 1999 a Notice of Administrative Dissolution or Revocation effective September 24, 1999 for the first time. I never did receive a Profit Corporation Annual Report from the State so this came as an unpleasant surprise. This may have been due to the fact MacPhee, Inc. moved and the current address is different than the address on the reinstatement application.

I called the Reinstatement Section at the State and the representative suggested I draft a letter explaining my situation along with a check for Annual Report and Reinstatement in the amount of \$150, which is enclosed.

Please send me a reinstatement notice and change address for MacPhee, Inc. to the above address. Thank you for your cooperation!

Best regards,



David MacPhee
President, MacPhee, Inc.