

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 NOV 10 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000030739

1. Corporation Name

MACAVOL, INC.

Principal Place of Business

Mailing Address

625 NORTHEAST 124TH STREET
SUITE B
NORTH MIAMI FL 33161

625 NORTHEAST 124TH STREET
SUITE B
NORTH MIAMI FL 33161

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

2. New Principal Office Address, If Applicable

3460 N.W. North River Dr
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3460 N.W. North River Dr
Suite, Apt. #, etc.

4. Date Incorporated or Qualified

To Do Business in Florida

04/03/1998

5. FEI Number

X Applied For

Not Applicable

City & State

Miami Florida

City & State

Miami Florida

Zip

33142

Country

U.S.A.

Zip

33142

Country

U.S.A.

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	VOLTAIRE, MARIE C	625 NORTHEAST 124TH STREET, Suite B	NORTH MIAMI FL 33161

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name Marie C. Voltaire

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

C/O 625 N.E. 124th Street, Suite B
Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33161

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

Marie C. Voltaire

REGISTERED AGENT MUST SIGN

Date 11-06-1999

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:

Marie C. Voltaire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-06-1999

Date

(305) 635-2301

Daytime Phone #