

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 16 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000069102**

1. Corporation Name

MAC ENTERPRISES OF PALM BEACH, INC.

2. Principal Office Address

1326 N. Dixie Hwy.

Suite, Apt. #, etc.

Suite 10

City & State

LAKE WORTH, FL

Zip

33460

Country

Palm Beach

3. Mailing Office Address

1326 N. Dixie Hwy.

Suite, Apt. #, etc.

Suite 10

City & State

LAKE WORTH, FL

Zip

33460

Country

Palm Beach

500008387095--9

-10/16/02--01030--001

******150.00 ****150.00**

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

07/30/1998

5. FEI Number

65-0854415

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

MARCO A. Ceja

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

13212 - 74th STREET N.

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33412

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

Marco Antonio C.

REGISTERED AGENT MUST SIGN

Date **10/11/02**

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
D	MARCO A. Ceja	13212 - 74th STREET N.	WEST PALM BEACH, FL 33412

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:

Marco Antonio C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/02 (561)547-4005

Date

Daytime Phone #

CR2E081 (9/01)

MAC ENTERPRISES OF PALM BEACH, INC.

1326 N. DIXIE HWY. SUITE 10

LAKE WORTH, FL 33460

October 11, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Corporation Reinstatement
Document No.: P98000069102

To Whom It May Concern:

Enclosed please find the completed reinstatement form along with a check in the amount of \$150.00 for the annual filing fee for 2002. I called your office last week and was told to download this form and mail it along with a \$150.00 check.

I did not receive the forms that were to be filed because I moved. My mail was not forwarded or it got lost. I did not receive the forms. I have entered the office address and my new home address on the reinstatement form. I trust that the last fees will be waived since I did not get the forms and did not file it on time.

Thank you for your assistance in this matter.

Sincerely,

Marco Antonio C.

Marco A. Ceja
President

MAC/rt
Enclosures 2