

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 NOV 14 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000072217

1. Corporation Name

MACAMBU, INC.

2. Principal Office Address

8430 N.W. 61ST STREET

Suite, Apt. #, etc.

3. Mailing Office Address

11770 ST. ANDREWS PLACE

Suite, Apt. #, etc.

APT # 208

City & State

MIAMI, FLORIDA

City & State

WELLINGTON, FLORIDA

Zip

33166-3338

Country

U.S.A.

Zip

33414

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1998

5. FEI Number

65-0871521

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

400009004114
11/14/02--01062--018 **158.75

7. Name and Address of Current Registered Agent

Name

CARLOS A. DOMINGO

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

11770 ST. ANDREWS PLACE

Suite, Apt. #, Etc.

APT# 208

City

WELLINGTON

State
FL

Zip Code

33414

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

REGISTERED AGENT MUST SIGN

Date NOVEMBER 06, 2002

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/V/D	CARLOS A. DOMINGO	11770 St, Andrews Place, Apt.# 208	Wellington, Florida 33414

10. I certify that I am an officer or director of 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:

CARLOS A. DOMINGO

11/06/02

561-541-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)

js 11/5

November 06, 2002

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

RE: Reinstatement of Macambu, Inc.
Document # P98000072217
FEI # 65-0871521

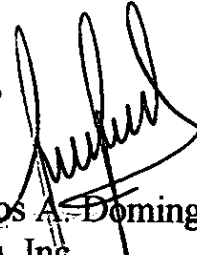
Dear Sir(s):

Macambu, Inc. was moved to a different location, both the business and our mailing addresses were changed. The owner's residence was also moved to a different county. We had notified the Post Office regarding our new addresses. However, we still did not receive some of our mail including the 2002 Corporation Annual Report Form. - We also have not received any correspondence from the Department of State.

Therefore, we hereby submitted the Corporation Reinstatement form, together with our check for the reinstatement of Macambu, Inc. as soon as possible.

Should you have any questions regarding the above matter, please feel free to contact me at the phone number and address shown below. Your processing of our request would be much appreciated.

Sincerely,


Mr. Carlos A. Domingo, President
Macambu, Inc.
11770 St. Andrews Place
Wellington, Florida 33414
Tel: 1-561-541-5444

NOTE: PLEASE WAIVE
THE LATE FEE