

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000076896

1. Corporation Name

MacSub III

2. Principal Office Address

1998 ALT 195

3. Mailing Office Address

420 Park Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Tarpon Springs, FL

Clearwater, FL

Zip

Country

Zip

Country

34689

USA

33759

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/4/98

5. FEI Number

59-3533330

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

Kevin J. Hubbard & Associates

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

420 Park Place

300005507843-7

Suite, Apt. #, Etc.

Suite 100

05/14/02-01017-025

***1058.75 ***1058.75

City

Clearwater

State

FL

Zip Code

33759

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

4/30/2002

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 | David McComas | 3797 Presidential Ct | Palm Harbor, FL 34695 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/02

Daytime Phone #

727-410-2800

CR2E081 (9/00)