

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000090599**

1. Corporation Name

MACARLY CORPORATION

Principal Place of Business

Mailing Address

~~C/O KEITH MACK LLP~~
~~200 SOUTH DISCAYNE BLVD. 20TH FLOOR~~
~~MIAMI FL 33131~~

~~C/O KEITH MACK LLP~~
~~200 SOUTH DISCAYNE BLVD. 20TH FLOOR~~
~~MIAMI FL 33131~~

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

2. New Principal Office Address, If Applicable

~~C/O Fowler White~~

Suite, Apt. #, etc.

~~100 S.E. 2ND ST. 18TH FL~~

City & State

~~MIAMI FL~~

Zip

~~33131~~

Country

~~USA~~

3. New Mailing Office Address, If Applicable

~~C/O Fowler White~~

Suite, Apt. #, etc.

~~100 S.E. 2ND ST. 18TH FL~~

City & State

~~MIAMI FL~~

Zip

~~33131~~

Country

~~USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1998

5. FEI Number

☒ 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	CARVALHO, CARLOS A	C/O 200 S. DISCAYNE BLVD. 20TH	MIAMI FL 33131
D	CARVALHO, MARLY	C/O 200 S. DISCAYNE BLVD. 20TH	MIAMI FL 33131
D, P, S	CARVALHO CARLOS A	C/O 100 S.E. 2 ND ST. 18 TH FL.	Miami FL. 33131
D, P, T	CARVALHO MARLY	C/O 100 S.E. 2 ND ST. 18 TH FL.	Miami FL. 33131
			3000003217733-6 -04/20/00--01082--021 ****158.75 ****158.75
			REINSTATEMENT 99-00 TS

8. Name and Address of Current Registered Agent

WOOD, RICHARD A ESQ.
~~200 SOUTH DISCAYNE BOULEVARD~~
~~20TH FLOOR~~
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name **RICHARD A. WOOD, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2ND STREET
Suite, Apt. #, Etc.
18TH FLOOR
City **Miami** State **FL** Zip Code **33131**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0401, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **4/6/00** **750.00**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLO A. CARVALHO 4/6/00

Date

Daytime Phone #

CR2EM40 (8/99)