

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 13 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097517

1. Corporation Name

Mackintosh Web, Inc.

2. Principal Office Address

30707 Miarcachee Rd.

Suite, Apt. #, etc.

City & State

Myakka City, FL

Zip

34251

Country

USA

3. Mailing Office Address

P.O. Box 391

Suite, Apt. #, etc.

City & State

Myakka City, FL

Zip

34251

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/98

5. FEI Number

593551730

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Terry Mackintosh

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

30707 Miarcachee Rd.

Suite, Apt. #, Etc.

City

Myakka City

State

FL

Zip Code

34251

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

Terry Mackintosh

Date

1/8/02

REGISTERED AGENT MUST SIGN

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	Terry Mackintosh	30707 Miarcachee Rd.	Myakka City, FL 34251
<del>V-S</del>	<del>Hazidi Williams</del>	<del>30707 Miarcachee Rd.</del>	<del>Myakka City, FL 34251</del>

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:

Terry Mackintosh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/02 (941) 322-9418

Daytime Phone #

CR2E081 (9/01)

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To whom it may concern

Please waive the reinstatement fee (fine?),  
as we never recieved the Annual Report mailings  
which were returned by the post office.

Thank you

Terry Mackintosh

P.S.

This letter is as per my phone conversation  
with your office.