

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000041289

1. Corporation Name

MAC APPRAISAL CORP.

Principal Place of Business

Mailing Address

8912 NW 167TH STREET
HIALEAH GARDENS FL 33018

8912 NW 167TH STREET
HIALEAH GARDENS FL 33018

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

5979 NW 151 ST

5979 NW 151 ST

Suite, Apt. #, etc.
Suite 208

Suite, Apt. #, etc.
Suite 208

City & State
Miami Lakes FL

City & State
Miami Lakes FL

Zip 33014 Country

Zip 33014 Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1999

5. FEI Number

65-0918371

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CANELLAS, YOHANI E	8912 NW 167TH STREET	MIAMI LAKES FL 33018
		5979 NW 151 ST #208	Miami lakes fl 33014

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CANELLAS, YOHANI E
8912 NW 167TH STREET
HIALEAH FL 33018

Name

Canellass, Yohani

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

5979 NW 151 ST. #208

Suite, Apt. #, Etc.

Suite 208

City

Miami Lakes

State

FL

Zip Code

33014

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/20/2003

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

Date

Daytime Phone #

10/20/2003

CR2040 (7/03)



MAC APPRAISAL CORP.

October 14, 2003

Florida Department Of State
To whom it may concern,

On July 24, 2003 Mac Appraisal paid \$150.00 with check #1914, however the check never cashed. Notwithstanding, please except this check of \$550.00 for company renewal. Additionally, please waive the reinstatement fee as per telephone conversation.

Sincerely,

Jorge L Canellas
State Certified REA #0003654

MAC APPRAISAL CORP.

5979 NW 151 STREET STE# 208 MIAMI LAKES, FL. 33014
PHONE 305-826-5909 FAX 305-827-5199