

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 20 PM 12:42

DOCUMENT # P99000072894

1. Corporation Name

MACMAR, INC.

Principal Place of Business

Mailing Address

1721 S.E. 40TH STREET  
CAPE CORAL FL 33904

1721 S.E. 40TH STREET  
CAPE CORAL FL 33904



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		4. Date Incorporated or Qualified To Do Business in Florida 08/16/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 105-0950923	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres	MARTHA G. MILLIKAN	1721 S.E. 40TH ST.	CAPE CORAL, FL 33904

000003448060--8  
-11/02/00--01009--003  
\*\*\*\*150.00 \*\*\*\*150.00

8/10/31

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLINE, CARLS  
1721 S.E. 40TH STREET  
CAPE CORAL FL 33904

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

Carla Cline

Date 10-16-00

REGISTERED AGENT MUST SIGN

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 MARTHA G. MILLIKAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-16-00 941-454-5500  
Daytime Phone #

CR2E040 (8/00)

(2)

10-17-00

#1.

Dear Sirs:

I called your office today to explain why we are late in filing and the gentleman there to put it in writing. In April 2000 our niece (21 years old) was transferred to Tampa General Hospital for a Heart Transplant. She was on pumps during April, May and 14 of June 2000. She passed away June 10th. During this time our business was neglected and we lost a lot of mail, response and business. I realize this is not the States problem but

#2

(3)

any consideration on your  
part would be greatly appreciated.  
Enclosed is a check for \$150.00  
the gentleman told me to send  
with no guarantee.

Thank you

Marta G. Villalva

Mr. MacKay Inc.  
1701 S. E. 41st St.  
Coral Gables, FL 33104  
941-540-4437  
941-454-5560