

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 AUG 21 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P99000080288**

1. Corporation Name

MACAINKA COMPANY INC.

900007310929--1
-08/23/02--01043--022
****908.75 ****908.75

REINSTATEMENT 01-02

2. Principal Office Address

9234 SW 132ND STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip **33176-5793**

Country **USA**

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT 3, 1999

5. FEI Number

65-0952775

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

ROBERTO RISSO

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

9234 SW 132ND STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176-5793

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

Roberto Riso

Date

08/19/2002

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
PRES.	ROBERTO B. RISSO	9234 SW 132 ND STREET	MIAMI, FL 33176-5793
V.P.	ROBERTO RISSO	9234 SW 132 ND STREET	MIAMI, FL 33176-5793
V.P.	CAMILA P. RISSO	9234 SW 132 ND STREET	MIAMI, FL 33176-5793

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:

Roberto Riso

08-19-2002 305-2331502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/01)