PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
APPLICATION FLORIDA DEPARTMENT OF STATE		1	
FOR	Sandra B. Mo		
REINSTATEMENT	Secretary of S		
DOCUMENT # \$2550		HATIONS	98 JUN 15 PH 12: 15
1. Corporation Name	This Color	-,,	
4 1100	rid click	20	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Macor Inc.			MELANA
Principal Place of Business Mailing Address			
479 E James Lee Blud.			
CLESTIGN' E		7	
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	ough incorrect information and enter 3 New Mailing Office Address, If		Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 2 - 15 - 93
_			5. FEI Number Applied For
City & State	City & State		6. Not Applicable
Zip Country	Zip Count	ry	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corpor	ations must list at least	3 directors)
Title(s) Name of Officers and/or Directors	Oi	reet Address of Each ficer and/or Director	City / State / Zip
2/2/	3 (Do NOT U	se Post Office Box Nur	mbers) 4
ST POUL A BOR	to Una F	Tomas	JPP CICOSHEDINA
3 1 15×501 11 15×11			<u> </u>
			75- Colli
			2006
	REI	NSTATE	MENT 9')-98
			8000025620982 -06/17/9801004015
			****900.00 ****900.00
8. Name and Address of Current F	tegistered Agent		9. Name and Address of New Registered Agent
		Name Pau	A Decreption (Secreption)
		Street Address (P.O	O. Sox Number Is Not Acceptable)
		Suile, Apt. #, Etc.	
		City	State Zip Code
10. I, being appointed the registered arount of the above	revarued corporation, am Muliar w	ith and accept the oblig	rations of Section 607 0505 E.S.
Signature of	South	- Constitution of the configuration of the configur	gaments of Spanish out Asses, 118.
Registered Agent Date REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year (See other side for information			
Intangible Personal Property tax due June 30.			
12. 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, F.S., that all fees owed by the corporation has 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.			
1/a, 1/1 // A)			
SIGNATURE: MILLE TOSE			
FIGNATURE AND TYPED OR PRIN	ITED NAME OF SIGNING OFFICER OR	DIRECTOR	Date Daytmic Phone #