PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION FOR REINSTATEMENT

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

01 OCT 22

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 22 PM 7:14

DOCUMENT # S76625

1. Corporation Name

M.A.K. ENTERPRISES OF GAINESVILLE, INC.

Principal Place of Business	Mailing Address
194 S. NOVA RD ORMOND BEACH FL 32174 US	P.O. BOX 730095 ORMOND BEACH FL 32173-0095

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/28/1991

5. FEI Number: 59-3084049 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KROLL, RICHARD D	27 SPRINGSMEADOWS DRIVE	ORMOND BEACH FL 32174
V	KROLL, JUDITH T	~~42 COQUINA RIDGE WAY~~ 27 SPRINGMEADOWS DRIVE	ORMOND BEACH FL 32174

000004669480--8
-11/06/01--01077--005
*****80.00 *****80.00

8. Name and Address of Current Registered Agent

KROLL, RICHARD D
27 SORING MEADOWS DRIVE
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name: RICHARD D KROLL
Street Address (P.O. Box Number is Not Acceptable): 27 SPRINGMEADOWS DRIVE
Suite, Apt. #, Etc.:
City: ORMOND BEACH | State: FL | Zip Code: 32174

CR2E040 (8/01)

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: RICHARD D KROLL SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 10/16/01 AD

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.

386 615-8066

SIGNATURE: RICHARD D KROLL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/16/01

Daytime Phone #

10/16/01 2

TO: STATE OF FLORIDA
DIVISION OF CORPORATIONS
ANNUAL REPORT RE-INSTATEMENT SECTION

FROM: RICHARD KROLL
MAK ENTERPRISES OF GAINESVILLE, INC
PO BOX 730095
ORMOND BEACH, FL 32173-0095

RE: CANCELLATION OF MY CORPORATION — I DONT KNOW WHY THIS HAPPENED?.
FIND ENCLOSED MY COPY OF MY CANCELLED CHECK TO YOU IN THE AMOUNT OF $70 DATED 7/6/01.

I CALLED YOUR OFFICE AND THEY SAID THEY HAD SENT A FOLLOW UP MEMO SAYING I OWED ANOTHER $80?. I NEVER GOT OR SAW SUCH A MEMO OR I WOULD HAVE SENT SAME IMMEDIATELY.

YOUR REPRESENTATIVE TOLD ME THIS DATE IF I SEND IN MY COMPLETED FORM ALONG WITH THIS MEMO AND A CHECK FOR $80 YOU WILL RE-INSTATE ME IMMEDIATELY.

FIND MY CHECK FOR THE $80 # ENCLOSED.

I LOOK FORWARD TO MY IMMEDIATE RE-INSTATEMENT.