PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 17 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/29/03--01058--012 **1650.00

DOCUMENT # V26030

1. Corporation Name
M.A.C. OF SW FLORIDA, INC.

REINSTATEMENT 00-03

2. Principal Office Address	3. Mailing Office Address
841 Wedge Drive	841 Wedge Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34103 Country: U.S.A.	Zip: 34103 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0402467 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional fee required for certified copy

7. Name and Address of Current Registered Agent

Name: DIBENEDETTO, ROBERT

Street Address (P.O. Box Number is Not Acceptable): 5147 Castello Drive

Suite, Apt. #, Etc.:

City: Naples State: FL Zip Code: 34103

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: Barbara Brovig Robert DiBenedetto Date: Aug. 1, 2003
REGISTERED AGENT MUST SIGN

CR2E031 (1/99)

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
PSTD	Barbara Brovig	841 Wedge Drive	Naples, Florida 34103

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: Barbara Brovig Aug. 20, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #