


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT P93000048803
 1. Corporation Name
MACKA CORPORATION
P.O. BOX 170727
HIALEAH, FLORIDA 33017

2. Principal Office Address: **P.O. BOX 170727**
 3. Mailing Office Address: **SAME**

4. City & State: **HIALEAH, FLORIDA**
 5. City & State: **SAME**

6. Zip: **33017** Country: **DADE**

REINSTATEMENT *96-00*

4. Date Incorporated or Qualified To Do Business in Florida: **07/6/93**

5. FEI number: **65-0429515**

APPLIED FOR: Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED SP, PL, Additional Fees must be included with this form.

SP

7. Name and Address of Current Registered Agent

Name: **ISIDRO ACOSTA**
 Street Address (P.O. Box Number is Not Acceptable): **3311 NW 177 TERRACE**
 Subd., Apt. #, Etc.:
 City: **CAROL CITY** State: **FL** Zip Code: **33056**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0603 or 817.0503, F.S.

Signature of Registered Agent: *[Signature]* Date: **6-1-00**

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
D	ISIDRO ACOSTA	3311 NW 177 TERRACE	CAROL CITY, FL 33056
D	MAYDA ACOSTA	3311 NW 177 TERRACE	CAROL CITY, FL 33056

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., and 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)(f), 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: *[Signature]* Date: **6-1-00**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850) 922-4004

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

MACKA CORPORATION

Certificate of Status	1
Certified Copy	0
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