

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 JUN 24 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/10/02--01065--003

***1058.75 ***1058.75

REINSTATEMENT 00-02

DOCUMENT # P94000042496

1. Corporation Name

MACIK & ASSOCIATES, INC.

2. Principal Office Address

6107 Legacy Circle

Suite, Apt. #, etc.

3. Mailing Office Address

6107 Legacy Circle

Suite, Apt. #, etc.

City & State

Charlotte, NC

City & State

Charlotte, NC

Zip

28277

Country

USA

Zip

28277

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

6/7/94

5. FEI Number

65-0496624

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

FHS Corporate Services, Inc.

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

11780 U.S. Highway One

Suite, Apt. #, Etc.

Suite 300

City

North Palm Beach

State

FL

Zip Code

33408

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

John D. Macik as Asst. Secy.

REGISTERED AGENT MUST SIGN

Date 6-4-02

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
DPST	John Macik	6107 Legacy Circle	Charlotte, NC 28277

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:

John D. Macik PRESIDENT (JOHN D. MACIK)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date MAY 24, 2002 Daytime Phone # 704-905-6884

CR2E081 (9/01)