

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F99000004440

1. Corporation Name

MULTIKREDITS.COM, INC.

Principal Place of Business

407 LINCOLN ROAD, SUITE 6K
 MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN ROAD, SUITE 6K
 MIAMI BEACH FL 33139

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

08/26/1999

5. FEI Number

65-0948644

Applied For

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
PD	VEGA, MANUEL G	2451 BRICKELL, #20J Apt 1803	MIAMI FL 33129 33131
CDAS	BAQUERIZO, RODOLFO A	2451 BRICKELL, #20J "	MIAMI FL 33129
STD	BAQUERIZO, IVAN X	2451 BRICKELL, #20J "	MIAMI FL 33129
D	ENRIQUEZ, IAN J	2451 BRICKELL, #20J Apt 2212	MIAMI FL 33129

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL G. VEGA

11/3/00
 Date

(305) 672-8380
 Daytime Phone #

November 03, 2000

2012

To whom it may concern;

As per our conversation, I have enclosed the necessary changes along with our FEI number.

In addition to a confirmation that, I have not received any March correspondence from any agency regarding this matter.

If you have any questions please feel free to contact us.

Best Regards,

Juan Pablo Aristizabal
Financial Manager

