

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000010793

Name and Mailing Address

0006570 01 AT 0.292 \*\*AUTO T5 0 0615 33149-154399  
 MC INTERNATIONAL CONSULTANTS, LLC  
 240 CRANDON BOULEVARD  
 SUITE 263  
 KEY BISCAVNE FL 33149-1543



2. New Mailing Address <i>2333 BRICKELL AVENUE APT 911</i>		4. State/Country of Formation FL	
City, State, Zip <i>MIAMI FLORIDA 33129</i>		5. Date Organized or Qualified To Do Business in Florida 07/03/2001	
Principal Place of Business 240 CRANDON BOULEVARD SUITE 263 KEY BISCAVNE FL 33149	3. New Principal Place of Business Address <i>2333 BRICKELL AV. APT 911</i>		6. FEI Number 65-1117683
City, State, Zip <i>MIAMI - FLORIDA 33129</i>		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  VELEZ, LUIS A 240 CRANDON BOULEVARD SUITE 263 KEY BISCAVNE FL 33149		9. Name and Address of New Registered Agent Name <i>LUIS A VELEZ</i> Street Address (P.O. Box Number is Not Acceptable) <i>2333 BRICKELL AV. APT 911</i> City <i>MIAMI</i> FL Zip Code <i>33129</i>	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	VELEZ, LUIS A	240 CRANDON BOULEVARD	KEY BISCAVNE FL 33149
			200024492112 11/06/03--01072--003 **150.00
			REINSTATEMENT 03 dec

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* **SIGNATURE REQUIRED** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E084 (7/03)