

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 OCT 28 PM 4:47

DOCUMENT # **P97000016820**

1. Corporation Name

MCN INTL., INC.

SECRETARY OF STATE
 TALLAHASSEE FLORIDA
REINSTATEMENT 03



800024199298
 10/28/03--01039--010 **750.00

Principal Place of Business

Mailing Address

6793 E COLONIAL DRIVE
 ORLANDO FL 32807
 US

6793 E COLONIAL DRIVE
 ORLANDO FL 32807
 US

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/18/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3426747	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	NGUYEN, MIKE	6793 E. COLONIAL DRIVE	ORLANDO FL 32765
P	TANG, CHRISTINE	6793 E. COLONIAL DRIVE	ORLANDO FL 32807

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
NGUYEN, MIKE 2262 WESTBOURNE DRIVE OVIEDO FL 32765	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State	Zip Code
	FL		

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. or 617.0505, F.S.

Signature of Registered Agent: *Mike Nguyen* **SIGNATURE REQUIRED** Date: 10/20/03
 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: *Christine Tang* **SIGNATURE REQUIRED** Date: 10/20/03
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)