

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 16 AM 11:30

DOCUMENT # G18216

1. Corporation Name

MANAGEMENT & COMPUTER CONSULTANTS, INC

2. Principal Office Address

5201 BLUE LAGOON DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

PH

Suite, Apt. #, etc.

SAME

City & State

MIAMI

City & State

SAME

Zip

33126

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/1983

5. FEI Number

59-2254978

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

COFINO, PEDRO A.

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

407 LINCOLN RD

Suite, Apt. #, Etc.

SUITE 2B

City

MIAMI BEACH,

State

FL

Zip Code

33139

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/15/01

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
OPS	COFINO, NORBERTO J.	10551 SW 66TR	MIAMI, FL 33173

100004342641--9
-06/06/01--01016--001

*****8.75 *****8.75

100004342641--9
-06/06/01--01016--002

*****8.75 *****8.75

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:

[Signature]

NORBERTO J. COFINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/2001

Date

305 596 1146

Daytime Phone #

M C C

20fz

MANAGEMENT & COMPUTER CONSULTANTS, INC

5201 BLUE LAGOON DRIVE
MIAMI, FL 33126 USA
PENTHOUSE
TEL: (305) 716-4223
FAX: (305) 596-1155

May 14, 2001

Florida Department of State
Division of Corporations

Dear Sir/Madam:

We are enclosing the \$965 fee for the past years of yearly fees as indicated by your agent on the phone.

The reason that we did not comply was because we moved twice, and either did not get the forms or were misplaced at our end. In any case we apologize for the oversight.

We respectfully request that you waive any additional penalties and interest related to this matter and reinstate our name.

It is our determination to be more alert to this matter in the future. It will never happen again.

We thank you for your understanding.

Sincerely,



Norberto J. Cofiño
President