

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 24 AM 7:31

FLORIDA DEPARTMENT OF STATE
HALL ARCADE, FLORIDA

DOCUMENT # G18216

1. Corporation Name

MANAGEMENT & COMPUTER CONSULTANTS

2. Principal Office Address

8300 MILLS DR

Suite, Apt. #, etc.

#686

City & State

MIAMI, FL

Zip

33183

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

REINSTATEMENT

05-06

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

PEDRO COFINO

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 617.0502, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/10/06

9. Names and Street Addresses of Each Officer and 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
DPS	COFINO, NORBERTO J.	10551 SW 66 TR	MIAMI, FL 33173

800079214006
08/29/06--01018--006 **300.00

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 contained in Chapter 119, 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:

NORBERTO J. COFINO

3/8/06 (305) 596-1146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

MCC / *Management & Computer Consultants, Inc.*

8306 Mills Drive, # 686
Miami, Florida 33183 USA
Tel 305 596 1146 Fax 305 596 1155

www.onlinemcc.com

April 15, 2006

Florida Dept. of State
Division of Corporate filings
Reinstatement Division

Dear: Sir/Madam:

Apparently we did not receive the renewal forms; therefore we are having the need to reinstate our name. Please excuse our failure to notice this.


Please allow us to reinstate without penalty as we will be make sure this won't happen again.

As your agent told us on the phone I am enclosing a check for \$300.00

I thank you for your assistance in this matter.

We would be interested in knowing if there is a way of having the renewal automatically paid every year.

Sincerely


Norberto J. Cofiño
President