

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION

02 JAN -2 AM 11:39

DOCUMENT # **H33092**

1. Corporation Name
MCI INVESTMENTS, INC.

Principal Place of Business Mailing Address
~~2715 PARKWAY CT~~ ~~R.O. BOX 57~~
LAKELAND FL 33814 **LAKELAND FL 33802**
US **US**



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable 3360 S. ATLANTIC AVE Suite, Apt. #, etc. # 301 City & State Cocoa Beach, Fla Zip 32931 Country US		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. P.O. Box 320511 City & State Cocoa Beach, Fla Zip 32932 Country US		4. Date Incorporated or Qualified To Do Business in Florida 12/07/1984	
		5. FEI Number 59-2478369		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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VS	THOMPSON, JANICE E.	5841 LAKE BREEZE AVE.	LAKELAND FL 33809
DPT	HELLERICH, CONRAD M.	157 W. CHRISTINA BLVD. 3360 S. ATLANTIC AVE # 301	LAKELAND FL 33819 Cocoa Beach, Fla 32931
VS	LINDA HELLERICH	3360 S. ATLANTIC AVE. # 301	Cocoa Beach, Fla 32931
			400004768994--4 -01/11/02--01037--011 *****750.00 *****750.00
			<i>[Signature]</i>

8. Name and Address of Current Registered Agent HELLERICH, CONRAD M. 157 W. CHRISTINA BLVD LAKELAND FL 33819		9. Name and Address of New Registered Agent Name HELLERICH, CONRAD M Street Address (P.O. Box Number is Not Acceptable) 3360 S. ATLANTIC AVE Suite, Apt. #, Etc. # 301 City Cocoa Beach State FL Zip Code 32931	
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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 *Conrad M. Hellerich* **SIGNATURE REQUIRED** Date 12/30/01
 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.

CONRAD M HELLERICH

SIGNATURE: *Conrad M. Hellerich* **SIGNATURE REQUIRED** Date 12/30/01 321-784-1244
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)