

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Division of Corporations

2807

1. DOCUMENT # L02000002807

Name and Mailing Address

0006400 01 AT 0.292 \*\*AUTO T5 0 0615 33143-622550

MC DEVELOPERS, LLC  
750 SAN JUAN DRIVE  
CORAL GABLES FL 33143-6225

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REINSTATEMENT 2003

2. New Mailing Address 2333 BRICKELL AV. APT 911 City, State, Zip MIAMI - FL 33129		4. State/Country of Formation FL	
Principal Place of Business 750 SAN JUAN DRIVE CORAL GABLES FL 33143		5. Date Organized or Qualified To Do Business in Florida 02/05/2002	
3. New Principal Place of Business Address 2333 BRICKELL AV. APT 911 City, State, Zip MIAMI - FL 33129		6. FEI Number 01-0600850 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100024289431 10/30/03--01051--012 **150.00 City FL Zip Code
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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 REQUIRED Date 12/5/03

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
MGR	VELEZ, LUIS	750 SAN JUAN DRIVE 2333 BRICKELL AVE #911	CORAL GABLES FL 33143 MIAMI FL 33129

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 REQUIRED Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_