

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC 26 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1672

DOCUMENT # N01000000959

1. Corporation Name

MNN, INC.

2. Principal Office Address

27 W SUNRISE AV.

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip

33133

Country

US

3. Mailing Office Address

27 W SUNRISE AV.

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip

33133

Country

US

500012778835

02/19/03--01008--023 **8.75

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2001

5. FEI Number

01-0665255

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

LEONEL A. ARANA

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

27 W SUNRISE AV.

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code

33133

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 11/26/2002

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
P	LEONEL A. ARANA	27 W SUNRISE AV.	CORAL GABLES / FL / 33133
T	EDUARDO RICHARDO	725 CURTIS PW #4	MIAMI SPRINGS / FL / 33166
S	REINALDO J. PEREZ	14448 SW 94 LANE	MIAMI / FL / 33186
D	ROBERTO BENARD	11540 SW 92 ST	MIAMI / FL / 33176
D	OSCAR FONSECA	14250 SW 72 AV	MIAMI / FL / 33158
D	SERGIO ZELEDON B.	15955 SW 81 ST	MIAMI / FL / 33193

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]

LEONEL A. ARANA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/26/2002-3056636738

Daytime Phone #

CR2E081 (9/01)

To: Florida Department of State
Subject: MNN, Inc.
Ref. No. 1000000959

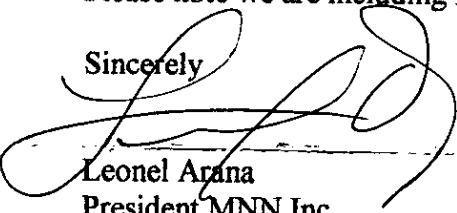
2012

Att: Michele Milligan, Document Specialist
Ref: Your letter No. 802A00064269

Please find enclosed Corporation Reinstatement for MNN, Inc. and a check for 8.75 for Certificate of Status. The reason for this form and letter is that as we discussed over the phone we failed to comply in a timely manner with rejection letter of 05-28-02 because we never received such letter.

Please note we are including FEI number in the form.

Sincerely



Leonel Arana
President MNN, Inc.
27 W Sunrise Av.
Coral Gables Fl. 33133