

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 23 PM 1:35

DOCUMENT # N03000008131

1. Corporation Name

Multi-Cultural Network, Inc.

2. Principal Office Address

4720 Salisbury Rd.

Suite, Apt. #, etc.

Suite 210

City & State

Jacksonville, FL

Zip

32256

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

300040286243
08/18/04--01029--003 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida 9/16/2003

5. FEI Number

20-0238082

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

Joel C. Chamberlain

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

4905 Belfort Rd.

Suite, Apt. #, Etc.

Suite 110

City

Jacksonville

State
FL

Zip Code

32256

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

Joel C. Chamberlain

REGISTERED AGENT MUST SIGN

Date 7/22/04

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
D	Kallivayalil, Roshan	13832 Admirals Bend Dr	Jacksonville, FL 32225
D	Tari, Tiger	4720 Salisbury Rd #210	Jacksonville, FL 32256
D	Hoayun, Dexter	7791 Belfort Pkwy	Jacksonville, FL 32256

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:

Tiger Tari
TIGER TARI

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-01-2004
Date

(904) 993-3303
Daytime Phone #

8/23/04

2/2

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

July 22, 2004

Glenda Hood,

Enclosed is my completed Corporation Reinstatement application for Multi-Cultural Network, Inc. document number N03000008131. We request that you waive the additional fees for reinstatement because we did not receive our annual report form for the year 2004. Enclosed is a check for \$150.00 which represents the Uniform Business Report fee for 2004. Your assistance in this matter is greatly appreciated.

Sincerely,

Tiger Tari