

PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPROVED
AND
FILED

05 APR -4 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P00000030587*

1. Corporation Name

M.P. Ediciones *Corp.*
4831 NW 99 Ct.

REINSTATEMENT *02-05*
MRS

2. Principal Office Address

same as above

3. Mailing Office Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Zip

33178

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/24/2000

5. FEI Number

65-0995018

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

Jose Levy

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

4831 NW. 99 Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

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]

Date 03-30-05

REGISTERED AGENT MUST SIGN

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
PSTD	Jose Levy	4831 NW 99 Ct.	Miami, FL 33178

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]

Jose Levy

03-30-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)