

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 22 PM 1:07

~~CORPORATION~~
~~REINSTATEMENT~~



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

2001/02
UBR

01.02

DOCUMENT #

P00000102538

1. Corporation Name

MC. ENTERTAINMENT GROUP, INC.

2. Principal Office Address

1401 BRICHEL AVE. # 1100.

Suite, Apt. #, etc.

Suite 1100.

City & State

MIAMI, FL.

Zip

33131.

Country

USA.

3. Mailing Office Address

1401 BRICHEL AVE. # 1100.

Suite, Apt. #, etc.

Suite 1100.

City & State

MIAMI, FL.

Zip

33131

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1059138.

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

MARIA C. CUETO

7. Name and Address of Current Registered Agent

Name

13120 SW 92 Ave Apt D 403.

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

800004798638-7

-01/25/02-01076-013

****300.00 ****300.00

Suite, Apt. #, Etc.

MIAMI

City

State

FL

Zip Code

33176.

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

REGISTERED AGENT MUST SIGN

Date 01/17/02.

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 |
|----------|--------------------------------------|---|--------------------|
| Director | Maria C. Cueto | 13120 SW 92 Ave # D 403 | Miami, FL 33176. |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/02.

Date

(305) 373-2525.

Daytime Phone #

CR2E081 (9/01)