

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

H080002310983  
08 OCT -7 PM 4:34SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08

CR2E081 (10/08)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000113864

1. Corporation Name

MP 4205, INC.

2. Principal Office Address - No P.O. Box #

4779 Collins Avenue

Suite, Apt. #, etc.

4205

City &amp; State

Miami Beach, Florida

Zip

33140

Country

USA

3. Mailing Office Address

1000 Brickell Avenue

Suite, Apt. #, etc.

300

City &amp; State

Miami, Florida

Zip

33131

Country

USA

7. Name and Address of Current Registered Agent

Name

AGI Registered Agents, Inc.

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

1000 Brickell Avenue

Suite, Apt. #, Etc.

300

City  
MiamiState  
FLZip Code  
331314. Date Incorporated or Qualified  
To Do Business in Florida

December 12, 2000

5. FEI Number

04-3650461

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Robert R. Adams

Date 10/6/2008

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
DPST	Mario Peynetti	4779 Collins Ave., #4205	Miami Beach, FL 33140
DVP	Monica Roisman de Peynetti	4779 Collins Ave., #4205	Miami Beach, FL 33140
VSVT	Monica Roisman de Peynetti	4779 Collins Ave., #4205	Miami Beach, FL 33140

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 contained in Chapter 119, 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:

Robert R. Adams

Auth. Signatory 10/6/2008

305-416-6820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H080002310983

10/07/08 15:02 FAX 3054166811

ADAMS GALLINAR PA

Division of Corporations

001/002

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Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : AGI REGISTERED AGENTS, INC.  
Account Number : I20000000205  
Phone : (305) 416-6800  
Fax Number : (305) 416-6811

**CORPORATION REINSTATEMENT**

**MP 4205, INC.**

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