

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 1:07

DOCUMENT # P01000038649

1. Corporation Name

M.C. WORLD, CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1717 N. BAYSHORE DR  
#2550  
MIAMI FL 33132

Mailing Address

1717 N. BAYSHORE DR  
#2550  
MIAMI FL 33132



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/2001

5. FEI Number

x 74-3034614

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CHIMCHILLA, NESTOR	1717 N. BAYSHORE DR. #2550	MIAMI FL 33132

400008622154

10/28/02--01068--016 \*\*750.00

8. Name and Address of Current Registered Agent

DEVINE GOODMAN PALLOT & WELLS, P.A.  
777 BRICKELL AVENUE  
SUITE 980  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

DENNIS R. BEDARD

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

1717 N. BAYSHORE DR.

Suite, Apt. #, Etc.

102

City

MIAMI

State

FL

Zip Code

33132

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent X

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

11. 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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02

Date

Daytime Phone #

CR2E040 (8/02)