

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

paper 12

CORPORATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071508

1. Corporation Name

MEGACADENA DEVELOPERS, INC.

2. Principal Office Address

13327 SW 124th Street

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33186

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/20/01

5. FEI Number

☒ 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

Grillon, Cesar

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

13327 SW 124th Street

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33186

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

11-04-02

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
D	Grillon, Cesar	13327 SW 124th St	Miami, FL. 33186
D	Riveros, Alcides	13327 SW 124th Street	Miami, FL. 33186

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

Date

Daytime Phone #

CESAR GRILLON

11-04-02

(305) 254-8909

Page 2 of 2

FELIPE R. RUIZ

CERTIFIED PUBLIC ACCOUNTANT
CERTIFIED FAMILY MEDIATOR
8390 W. FLAGLER STREET, SUITE 219
MIAMI, FL. 33144
TEL. (305) 552-9048
FAX. (305) 559-4094
EMAIL:FRUIZCPA@AOL.COM

October 30, 2002

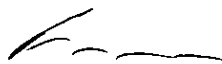
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Megacadena Developers, Inc.
P01000071508

Enclosed is the above referenced taxpayer's corporation reinstatement form, and a check for \$150.00. Please also note address change on the form.

In a recent interview with the Directors of Megacadena Developers, Inc., a new client, our firm noticed that the client had not filed the annual report. We also noticed that your records reflect their old Lejeune Rd address. Being this the reason why the client never received the annual renewal notice, we respectfully request a waiver of the late fees associated with the reinstatement.

Sincerely,


Felipe R. Ruiz

Cc: Megacadena Developers, Inc.