

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB -7 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02103

DOCUMENT # P01000107745

1. Corporation Name

MCU ENTERPRISES INC.

2. Principal Office Address

10438 LAKE VISTA CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

10438 LAKE VISTA CIRCLE

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

33498

Country

USA

Zip

33498

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

NOV-8-2001

5. FEI Number

65-1151847

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

DANIEL ABITBOL

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

10438 LAKE VISTA CIRCLE 988011915289
02/06/03--01072--010 **300 00

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

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

[Handwritten Signature]

Date

2-3-03

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
PRESID	DANIEL ABITBOL	10438 LAKE VISTA CIRCLE	BOCA RATON, FL 33498

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)(f), 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

DANIEL ABITBOL 2-3-03 561-306-0168

Date

Daytime Phone #

CR25081 (10/02)

213

MCU ENTERPRISES INC
10438 LAKE VISTA CIRCLE
BOCA RATON, FL 33498
Tel: 561-488-1738
Fax: 561-487-3552
Email: dan956@hotmail.com

February 3, 2003

DOCUMENT# P101000107745

Department of State
Division of Corporations
P.O. Box 6325
Tallahassee, FL 32314

To Whom It May Concern:

This is to notify you that I have not received my UBR for 2002. I submit a request for waiving the reinstatement fees. Along with the reinstatement form I enclosed a check for the amount of \$300.00 covering the renewal for UBR for 2002 and 2003. Should you have any questions you can contact me during the day. Thank you.

Sincerely



Daniel Abitbol
President