

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 SEP 25 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113944

1. Corporation Name

MANAGEMENT CONCEPTS ENTERPRISES, INC.

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

15640 SW 80 ST.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE G104

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip

33193

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/2001

5. FEI Number

593759066

☒ 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

LEONARDO LOZADA

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

16608 NW 72 COURT

Suite, Apt. #, Etc.

City
MIAMI, FL

State
FL

Zip Code
33014

☒ 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

REGISTERED AGENT MUST SIGN

Date

9-14-07

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
SEC	SABRINA COVINGTON	380 S SR434, SUITE 1004-188	ALTAMONTE SPRINGS, FL 32714
CEO	LEONARDO LOZADA	16608 NW 72 COURT	MIAMI, FL 33014
			300109851893 09/25/07--01002--004 **200.00
			300109851893 09/25/07--01002--005 **400.00

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-14-07

Daytime Phone #

9/27
aw