

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 DEC -3 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000122011

1. Corporation Name  
MICHAL NEGRIN U.S.A., INC.

Principal Place of Business Mailing Address

19390 COLLINS AVENUE, SUITE 702  
SUNNY ISLES BEACH FL 33160

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SUNNY ISLES BEACH FL 33160



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/28/2001	
City & State		City & State		5. FEI Number	
Zip		Zip		26-0036129	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
OWNER	OHAD YANIV	19390 COLLINS AVE #702	SUNNY ISLES BEACH, FL 33160

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
YANIV, OHAD 19390 COLLINS AVENUE, SUITE 702 SUNNY ISLES BEACH FL 33160		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	

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 \_\_\_\_\_ REGISTERED AGENT MUST SIGN \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE REQUIRED**

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: SIGNATURE REQUIRED 11-11-02 305-9329959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #