

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 OCT 22 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000009223

1. Corporation Name

MSK CENTER, INC.

701 THREE ISLAND BLVD BLDG 3 SUITE 519

2. Principal Office Address

701 THREE ISLAND BLVD BLDG 3 :

Suite, Apt. #, etc.

SUITE 519

City & State

HALLANDALE FL

Zip

33009

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 09

4. Date Incorporated or Qualified

To Do Business in Florida 01/28/2002

5. FEI Number

73-1630888

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

ALBERTO LOBO

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

701 THREE ISLAND BLVD BLDG 3

Suite, Apt. #, Etc.

SUITE 519

City

HALLANDALE

State

FL

Zip Code

33009

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

[Signature]

Date

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
V/P	LOBO, ALBERTO	701 THREE ISLAND BLVD BLDG 3 SI	HALLANDALE, FL 33009
P/D	KARPICIUS, MARCELA SANDRA	701 THREE ISLAND BLVD BLDG 3 SI	HALLANDALE, FL 33009

900042101849
10/22/04--01032--016 **150.00

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 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 #

CR2E081 (01/04)

242
FILED

MSK CENTER INC.
701 THREE ISLAND BLVD 3.
SUITE 519
HALLANDALE, FL. 33009

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miami Florida

October 18th, 2004.

Florida Department of State
Division of Corporation.
P. O. Box 6327
Tallahassee, Fl. 32314

Re: 2004 Uniform Business Report
Corporate #P02000009223
MSK CENTER INC.

Dear Sir;

Enclosed please find 2004 UNIFORM BUSINESS REPORT for the annual
Corporate Report. Enclosed is my ck. # 1116 for the amount of \$150.00, to paid the
above Annual fee and for year 2004..

Please accept this payment, because we do not received any documentation for
the annual report this year from the State of Florida Division of Corporation.

If you need any more information please do not hesitate to contact me.

Sincerely yours,

MSK CENTER INC.



ALBERTO LOBO
Vice-President.