

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000017393

1. Entity Name
MC WIDE SOLUTIONS CORP.



FILED

06 NOV 28 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06

Principal Place of Business
1175 97TH ST
APT 6
BAY HARBOR ISLANDS, FL 33154

Mailing Address
1175 97TH ST
APT 6
BAY HARBOR ISLANDS, FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10162006 REIN-P CR2E098 (11/05)

4. FEI Number
02-0546311

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSARIO, VERONICA
1175 97TH ST
APT 6
BAY HARBOR ISLANDS, FL 33154

Name
MARIANELLA CRASTO
Street Address (P.O. Box Number is Not Acceptable)
1175 97 ST. APT 6
City
BAY HARBOR ISLANDS FL Zip Code
33154

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MARIANELLA CRASTO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

NOV. 16 2006

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME D ☐ Delete
STREET ADDRESS ROSARIO, VERONICA
CITY - ST - ZIP 301 SW 51 CT.
CORAL GABLES, FL 33134

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 900082106939
CITY - ST - ZIP 11/28/06--01056--003 **\$150.00

TITLE
NAME VPD ☐ Delete
STREET ADDRESS CRASTO, MARIANELLA
CITY - ST - ZIP 301 SW 51 CT.
CORAL GABLES, FL 33134

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 16 2006

Date

(786) 5069838

Daytime Phone #