PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR -2 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000059625

1. Corporation Name

MDC Management Corporation

REINSTATEMENT
04-07

2. Principal Office Address	3. Mailing Office Address
5795 S.W. 114th Terr	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami, FL 33156	
City & State	City & State
Zip: 33156 Country: Miami-Dade	Zip: Country:

4. Date Incorporated or Qualified To Do Business In Florida: 2002

5. FEI Number: 020618824 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Daniel Clavin

Street Address (P.O. Box Number is Not Acceptable): 7851 Laguna Street

Suite, Apt. #, Etc.:

City: Coral Gables State: FL Zip Code: 33156

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 _____ Date 3.29.07
REGISTERED AGENT MUST SIGN

CR2E031 (01/06)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MR	Daniel Clavin	5795 SW 114th Terr	Miami, FL 33156
MRS	Melissa Clavin	5795 SW 114th Terr	Miami, FL 33156

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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: _____ 3.29.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #