

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P020000 64536

1. Corporation Name

Mega M's, Inc.

2. Principal Office Address

260 CRANDON BLVD

Suite, Apt. #, etc.

Unit 14

City & State

Key Biscayne
FLORIDA

Zip

33149

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/11/02

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

FILED
06 MAY -5 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FL 32399

900075288979
05/25/06--01049--003 **1200.00

7. Name and Address of Current Registered Agent

Name

CESAR GOMEZ

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

260 CRANDON BLVD.

Suite, Apt. #, Etc.

Unit 14

City

Key Biscayne

State
FL

Zip Code

33149

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

4/27/06

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
P/D	Jose M. Palencia	260 CRANDON BLVD #14 Key B	Key Biscayne FL 33149
VP/D	Marina A. Palencia	(SAME)	(SAME)
T/D	Gisela Palencia	(SAME)	(SAME)
S/D	Carla Palencia	(SAME)	(SAME)

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carla Palencia

4/27/06

Date

(305) 361-0105

Daytime Phone #