

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 21 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000028183

1. Corporation Name

M.C.S. FINANCIAL, INC.

2. Principal Office Address - No P.O. Box #

500 Fairway Drive

Suite, Apt. #, etc.

Ste. 106

City & State

Deerfield Bch, Fl.

Zip

33441

Country

USA

3. Mailing Office Address

500 Fairway Drive

Suite, Apt. #, etc.

Ste. 106

City & State

Deerfield Bch.

Zip

33441

Country

USA

000124391210
04/21/08--01004--007 **750.00

REINSTATEMENT 04-08

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/2003

5. FEI Number

26-2410553

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

Michael C. Smith

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

7079 N.W. 68th Drive

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33067

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Michael C. Smith

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
P	Michael C. Smith	7079 N.W. 68th Drive	Parkland, Fl. 33067

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:

Michael C. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-347-2026

2072

M A S
PO BOX 771210
Coral Springs, Fl. 33077-1210
954-346-7288 ~ Broward 954-346-7217 Fax 305-621-9382 - Dade

04/16/08

Florida Department of State
PO BOX 6327
Tallahassee, Fl. 32314

Re: M.C.S. Financial, Inc.
Doc # P03000028183

To Whom It May Concern:

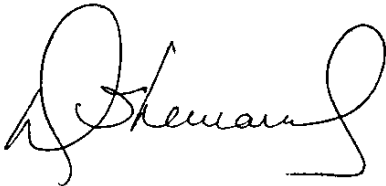
Please find enclosed a completed request for reinstatement of the corporation,
M.C.S. Financial, Inc.

While in our office, it is standard practice for us to check corporate status and it
was during his visit that we determined Mr. Smith had not filed for his corporate renewal.
He advised us that due to his move he had not received any notification of his corporate
renewal.

Therefore we are requesting reinstatement on behalf of M.C.S. Financial, Inc.,
based on the change of address and failure to have received any prior notification.

Should you have any questions, please contact my office.

Thank you,
Sincerely,



David Hernandez