

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 31 PM 3:11

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

900104255609
06/12/07--01012--016 **600.00

REINSTATEMENT 04-01

CR2E081 (1/07)

DOCUMENT # P030000 80079

1. Corporation Name

MHendaz corp.

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

7100 Fairway Dr.

Suite, Apt. #, etc.

K-14

City & State

Miami, FL

Zip

33014

Country

Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-21-2003

5. FEI Number

33-1114235

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

Anches Comartin

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

3633 San Simeon

Suite, Apt. #, Etc.

WESTON

State

FL

Zip Code

33331

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/15/07.

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
CEO	Mrs Ana Narayjo	7100 Fairway Dr K-14	Miami, FL 33014
Director	Raymond Mendez	7100 Fairway Dr K-14	Miami, FL 33014
	<u>[Signature]</u>		

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:

Ava Narayjo Ava Narayjo

Date

5/15/07

Daytime Phone #

(784) 556-2258