

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 NOV -5 PM 1:27

REINSTATEMENT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04



DOCUMENT # P03000109229

1. Entity Name
MAHECA CELULAR USA INC.



Principal Place of Business
**7830 CAMINO REAL
MIAMI, FL 33143**

Mailing Address
**7830 CAMINO REAL
MIAMI, FL 33143**

2. Principal Place of Business
11491 SW 148 CT

3. Mailing Address
11491 SW 148 CT

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL 33196

Zip
33196

Country
USA

Zip
33196

Country
USA

11022004 REIN-P CR2E098 (6/04)

4. FEI Number
42-1625809

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**VICENZI, SOFIA
7830 CAMINO REAL
MIAMI, FL 33143**

7. Name and Address of New Registered Agent

Name
SOFIA VICENZI

Street Address (P.O. Box Number is Not Acceptable)
11491 SW 148 CT

City
MIAMI

FL Zip Code
33196

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 **SOFIA VICENZI** DATE **11/2/2004**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VICENZI, SOFIA 7830 CAMINO REAL MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VICENZI SOFIA 11491 SW 148 CT MIAMI, FL 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JUAN V. MACHADO 153 LAKE VIEW DR #202 WESTON FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900042521459 11/05/04--010407019 \$*150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SOFIA VICENZI** DATE **11/2/2004** (305) 812-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PS 242

Tuesday, November 02, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES ST.
TALLAHASSEE, FL. 32399

REF: MAHECA CELULAR USA INC
Doc # P03000109229

THE PURPOSE OF THIS LETTER IS TO LET YOU KNOW THAT I, **MAHECA CELULAR USA INC** HAVENT BEEN ABLE, TO MAIL YOU THE UBR TO FACT, THAT UP TO THE ABOVE DATE, I HAVE NOT RECEIVE YOUR FORM TO EXECUTE IT.

I APOLOGY, FOR NOT WRITING YOU ERLIER, BUT I WAS WAITING FOR THE MAIL.

RESPECTFULLY YOURS,



MAHECA CELULAR USA INC
SOFIA VICENZI