

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000004056

1. Corporation Name

MULTI-CHANNEL SOLUTIONS

W10 - 6576

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

2571 JARDIN WAY

Suite, Apt. #, etc.

3. Mailing Office Address

2571 JARDIN WAY

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

City & State

WESTON, FLORIDA

Zip

33327

Country

USA

Zip

33327

Country

USA

7. Name and Address of Current Registered Agent

Name

MARION KOPROWSKI

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

2571 JARDIN WAY

Suite, Apt. #, Etc.

City

WESTON,

State

FL

Zip Code

33327

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 02/05/2010

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	MARION KOPROWSKI	2571 JARDIN WAY	WESTON /FL /33327
			02-21-05 90027 040 \$150.00
			M. MILLIGAN EXAMINER
			FEB 25 2010

10. E-mail Address: multichannelsolutions.marion@Gmail.com

(To be used for future annual report notification)

11. 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 further certify, 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

Date

Daytime Phone #

FILED

10 FEB 24 AM 11:32

CLERK OF STATE
TALLAHASSEE, FLORIDA

500168344055

02/24/10--01037--021 **600.00

500168344055

02/09/10--01025--003 **750.00

REINSTATEMENT

05-10

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/2004

5. FEI Number
42-1614398

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.