

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -7 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000090828

1. Corporation Name

MIKE VICTOR USA CORP

2. Principal Office Address

2140 S. DIKE HWY

Suite, Apt. #, etc.

STE 307

City & State

MIAMI, FL

Zip

33133

Country

USA

3. Mailing Office Address

2140 S. DIKE HWY

Suite, Apt. #, etc.

STE 307

City & State

MIAMI, FL

Zip

33133

Country

USA

800082358088

12/07/06--01033--013 **750.00

CR2E081 (12/05)

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/11/04

5. FEI Number

42-1634637

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

DANARIS VALERO

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

2140 S. DIKE HWY STE 307

Suite, Apt. #, Etc.

STE 307

City

MIAMI

State

FL

Zip Code

33133

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

11/30/06

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
MR	MARCOS VALERO	2140 S. DIKE HWY STE 307	MIAMI, FL 33133

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

Date

11/30/06

Daytime Phone #

305-860-8006

© Mitchell DEL - 7 2006

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Mike Victor USA CORP

Nov 30, 2006

Department of State

Mike Victor USA Corp, a Florida corporation, has not received the annual report notice from the Department of State.

Thank you for your cooperation.

Mike Victor USA CORP