

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY -7 P 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000090828

1. Corporation Name

Mike Victor USA Corp.

300180564703
05/07/10--01037--013 **450.00

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

247 SW 8th St.

Suite, Apt. #, etc.

#181

3. Mailing Office Address

247 SW 8th St.

Suite, Apt. #, etc.

#181

City & State

Miami, FL

City & State

Miami, FL

Zip

33130

Country

USA

Zip

33130

Country

USA

CR2E081 (4/10)

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

Damaris Valero

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

247 SW 8th St., #181

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33130

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Damaris Valero

Date

4-26-10

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
Mr.	Marcos Valero	247 SW 8 th St., #181	Miami, FL 33130

REINSTATEMENT

08-10

10. E-mail Address: Damaris@animusgroup.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. I 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: ☒

Damaris Valero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-10

Daytime Phone #

646-356-0288