

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 14 AM 11:24

DOCUMENT # P04000091877

1. Corporation Name

MC Southwest Holdings, INC

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

5274 Golden Gate Parkway

3. Mailing Office Address

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34116

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Carmen Pino

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

2236 Tamiami Trail North

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/2004

5. FEI Number

☒ 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.

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

Date November 1, 2007

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
P	Carmen Pino	2236 Tamiami Trail North	Naples, FL 34103
VP	Marta Garcia	46-1 Bennington Drive	Naples, FL 34104

04-07 To 11/20/07
REINSTATEMENT

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

10/31/07

Date

Daytime Phone #