

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000114044

FILED
Nov 14, 2005
Secretary of State

Entity Name: M N C P, INC.

Current Principal Place of Business:

14752 S.W. 173 STREET
MIAMI, FL 33187

New Principal Place of Business:

16988 SW 141 CT
MIAMI, FL 33177

Current Mailing Address:

14752 S.W. 173 STREET
MIAMI, FL 33187

New Mailing Address:

16988 SW 141 CT
MIAMI, FL 33177

FEI Number: 20-1454517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHEER, LIZETTE
9350 S.W. 106 STREET
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LIZETTE SCHEER

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NUEZ, MANUEL
Address: 14752 S.W. 173 STREET
City-St-Zip: MIAMI, FL 33187

Title: VP () Delete
Name: NUEZ, MANUEL
Address: 14752 S.W. 173 STREET
City-St-Zip: MIAMI, FL 33187

Title: TREA () Delete
Name: NUEZ, MANUEL
Address: 14752 S.W. 173 STREET
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NUEZ, MANUEL
Address: 16988 SW 141 CT
City-St-Zip: MIAMI, FL 33177

Title: VP (X) Change () Addition
Name: NUEZ, MANUEL
Address: 16988 SW 141 CT
City-St-Zip: MIAMI, FL 33177

Title: TREA (X) Change () Addition
Name: NUEZ, MANUEL
Address: 16988 SW 141 CT
City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL NUEZ

Electronic Signature of Signing Officer or Director

P

11/14/2005

Date