

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000002062

1. Entity Name
MC SUPER STORE CORP.



FILED

07 OCT 29 AM 11:07

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3621 SW 8TH ST
MIAMI, FL 33135

Mailing Address
3621 SW 8TH ST
MIAMI, FL 33135

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1009274

REINSTATEMENT

07

4. FCI Number
84-1666109

Applied for
Not Applicable

5. Certificate or Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORTUN, MERLYN I
15542 SW 8 LANE
MIAMI, FL 33194

Name

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

City

FL

Zip Code

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME FORTUN, ROLMAY
STREET ADDRESS 3621 SW 8TH ST.
CITY-STATE-ZIP MIAMI, FL 33135

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-STATE-ZIP ☐ Change ☐ Add

TITLE D ☐ Delete
NAME FORTUN, ROLMAY
STREET ADDRESS 3621 SW 8TH ST.
CITY-STATE-ZIP MIAMI, FL 33135

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-STATE-ZIP ☐ Change ☐ Add

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-STATE-ZIP ☐ Delete

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-STATE-ZIP ☐ Change ☐ Add

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-STATE-ZIP ☐ Delete

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-STATE-ZIP ☐ Change ☐ Add

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-STATE-ZIP ☐ Delete

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-STATE-ZIP ☐ Change ☐ Add

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-STATE-ZIP ☐ Delete

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-STATE-ZIP ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

10/20/07

786-239-6352