

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 16 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # POS000020404

1. Corporation Name

WCH Consulting & Investment Corp

2. Principal Office Address

8746 NW 149 TR

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami Lakes

City & State

Zip

Country

33018

DADE

Zip

Country

CR2E081 (12/05)

03/02/06

90011 047 \$150.00

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

02/07/05

5. FEI Number

20-2626125

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

Wagner L. Chirino

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

8746 NW 149 TR

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33018

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

REGISTERED AGENT MUST SIGN

Date

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
1	Wagner L. Chirino	8746 NW 149 TR	Miami Lakes 33018

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:

Wagner L. Chirino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/05 (305) 970075

Daytime Phone #

10/10/2006

To: FLORIDA DEPARTMENT OF STATE

FROM: MAYRA L CHIRINO

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO INFORM THAT I MAYRA L CHIRINO REQUEST THE
REINSTATEMENT OF CORP KNOW AS MCH CONSULTING & INVESTMENT CORP

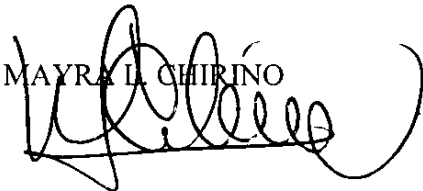
THE DEPARTMENT THE STATE SENDED TO US A LETTER ON MARZ 6
TOGETHER THE ANNUAL REPORT FOR CORRECTIONS, BUT WE HAVE NOT
RECEIVED THIS REQUEST AS TODAY.

ADJUNT WE ARE SEND TO YOU THE CORRECTIONS NECESSARIES

WE ARE APOLOGIES FOR THE INCONVINION CAUSED THIS SITUATION

SINCERELY

MAYRA L CHIRINO

A handwritten signature in black ink, appearing to read 'Mayra L. Chirino', written over the printed name.