

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

08 MAY -1 PM 4:00

DOCUMENT # P06000154280

1. Corporation Name

MULTI NATIONS CORPORATION

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

6422 SW 162nd Ct

Suite, Apt. #, etc.

3. Mailing Office Address

6422 SW 162nd Ct

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

Country

33193

USA

City & State

Miami, Florida

Zip

Country

33193

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Dec 15 2006

5. FEI Number

22-3949223

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

BERTINA L. FLORIAN

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

6422 SW 162nd Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33193

☐ 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

Bertina L. Florian
REGISTERED AGENT MUST SIGN

Date 04-24-2008

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
Pres	BERTINA L. FLORIAN	6422 SW 162nd Ct	Miami, FL 33193
V.P.	BRYAN T. TREADOR	14248 SW 115 Terr	Miami, FL 33186
V.P.	Ronald von Lindenbergs	15844 SW 85th Lane	Miami, FL 33193

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:


Bertina L. Florian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04/24/2008

Daytime Phone # 7862221750

2008 FOR PROFIT CORPORATION REINSTATEMENT

2/2

DOCUMENT # P06000154280 1. Entity Name MULTI NATIONS CORPORATION																																																																																																																																			
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5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																															
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.				\$8.75 Additional Fee Required																																																																																																																															
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. 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