



# 2008 FOR PROFIT CORPORATION REINSTATEMENT

|  |   |  |  |   |  |  |  |
|--|---|--|--|---|--|--|--|
| <b>DOCUMENT # P07000074801</b><br>1. Entity Name<br><b>MCF-2, INC.</b>   |   |  |  |    |  | <b>FILED</b><br><br><b>08 NOV 21 PM 3:48</b><br><br>CLERK OF STATE<br>TALLAHASSEE, FLORIDA<br><br> |  |
| Principal Place of Business<br><b>150 WEST FLAGLER STREET, STE 2200<br/>MIAMI, FL 33130</b>  |   |  |  | Mailing Address<br><b>150 WEST FLAGLER STREET, STE 2200<br/>MIAMI, FL 33130</b>   |  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   |  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |  |  |
| City & State<br><br>Zip      Country   |   |  |  | 4. FEI Number<br><br>Applied For<br><input type="checkbox"/> Not Applicable   |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |   |  |  | 11172008      REIN-P      CR2E098 (1/07)  |  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>FREED, OWEN S<br/>150 WEST FLAGLER STREET, STE 2200<br/>MIAMI, FL 33130</b>   |   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2009, Fee will be \$300.00</b>   |   |  |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>OSORIO, CARLOS <input type="checkbox"/> Delete<br>11263 NW 77TH TERRACE<br>DORAL, FL 33178            |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>600138168916</b><br><b>11/21/08--01028--007 **150.00</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVP<br>PERAZA, FERNANDO <input type="checkbox"/> Delete<br>11263 NW 77TH TERRACE<br>DORAL, FL 33178         |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br>FREED, OWEN S <input type="checkbox"/> Delete<br>150 WEST FLAGLER STREET, STE 2200<br>MIAMI, FL 33130 |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered. |   |  |  |   |  |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  |  | Date: <b>11/19/2008</b> Daytime Phone #: <b>305-789-3456</b>  |  |  |  |

11/19/08