

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB -7 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000040710

1. Corporation Name **M CAPITAL CORP**

2. Principal Office Address

11921 S. DIXIE Hwy

Suite, Apt. #, etc.

202

City & State

MIAMI FL

Zip

33156

Country

US

3. Mailing Office Address

c/o ROBERT MARLIN

Suite, Apt. #, etc.

511

City & State

SAN DIEGO CA

Zip

92101

Country

U.S.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

65-0418230

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

ROBERT MARLIN

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

11921 S. DIXIE Hwy

Suite, Apt. #, Etc.

202

City

MIAMI

State

FL

Zip Code

33156

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **2/4/2000**

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
Dir/ PRES	KENNETH MARLIN	11921 S. DIXIE Hwy 202	MIAMI FL 33156
Dir/ V.P./SECY	ROBERT MARLIN	11921 S. DIXIE Hwy 202	MIAMI FL 33156

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 under section 119.07(3)(i), 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:

[Signature]

Robert MARLIN v.p.

2/4/2000

Date

619 239 4441

Daytime Phone #