

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



APPROVED  
AND  
FILED

1998 MAR 23 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015183

1. Corporation Name

MC Computers Corp

Principal Place of Business

7202 NW 31 ST  
Miami, FL 33122

Mailing Address

7202 NW 31 ST.  
Miami, FL  
33122

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

FEB 94

5. FEI Number

65-0469938

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T	CARLOS J. BRASIL	6401 Cowpen Rd #2204	Miami Lakes, FL 33014
			500002467225-0
			-03/24/98 --01106--005
			***1050.00 ***1050.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

Ana Vivian Alvarez  
10325 SW 46 ST.  
Miami, FL 33165

9. Name and Address of New Registered Agent

Name CARLOS J. BRASIL  
Street Address (P.O. Box Number is Not Acceptable) 6401 Cowpen Rd #2204  
Suite, Apt. #, Etc.  
City Miami Lakes State FL Zip 33014

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

03/02/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/02/98 (305) 599 0057

CR2000 (1/98)