

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087280

1. Corporation Name

M.Y.C. START II, INC.

2. Principal Office Address

318 INDIAN TRACE

Suite, Apt. #, etc.

#544

City & State

WESTON, FL

Zip

33326

Country

USA

3. Mailing Office Address

318 INDIAN TRACE

Suite, Apt. #, etc.

#544

City & State

WESTON, FL

Zip

33326

Country

USA

FILED

04 SEP -9 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

02-04

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

11-14-1995

5. FEI Number

65-0632451

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

FLORIAN NAPP

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

347 MALLARD ROAD

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

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

FLORIAN NAPP
REGISTERED AGENT MUST SIGN

Date

9/8/04

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
P	FLORIAN D. NAPP	347 MALLARD ROAD	WESTON, FL 33327
D/S/T	MARIA ALEJANDRA NAPP	347 MALLARD ROAD	WESTON, FL 33327

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:

FLORIAN NAPP

FLORIAN NAPP, PRESIDENT

Date

9/8/04

Daytime Phone #

9543491623