

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P96000016972**

1. Corporation Name

M.C. EQUITIES, INC.

Principal Place of Business

**2400 EAST COMMERCIAL BLVD., SUITE 711
FT. LAUDERDALE FL 33308**

Mailing Address

**2400 EAST COMMERCIAL BLVD., SUITE 711
FT. LAUDERDALE FL 33308**

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

2. New Principal Office Address, If Applicable

**7979 La Mirada Dr
Suite, Apt. #, etc.**

3. New Mailing Office Address, If Applicable

**7979 La Mirada Dr
Suite, Apt. #, etc.**

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1996

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$9.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CARIDI, MICHELE	2400 EAST COMMERCIAL BLVD., SUITE 711 7979 La Mirada Dr	FT. LAUDERDALE FL 33308 Boca Raton FL 33133

7000002639117-0
09/15/98-01006-010
***900.00 ***900.00

8. Name and Address of Current Registered Agent

**CARIDI, MICHELE
2400 EAST COMMERCIAL BLVD., SUITE 711
FT. LAUDERDALE FL 33308**

9. Name and Address of New Registered Agent

Name **Michele Caridi**
Street Address (P.O. Box Number is Not Acceptable)
7979 La Mirada Dr
Suite, Apt. #, Etc.

City **Boca Raton**

State **FL**

Zip Code **33133**

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

Michele Caridi
REGISTERED AGENT MUST SIGN

Date

9/2/98

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

Michele Caridi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/98 (561) 384-2662

Date

Daytime Phone #

CR2000 (8/97)