

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 NOV -5 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000039889

1. Corporation Name

MCAD, INC.

2. Principal Office Address

3915 N. FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Office Address

3915 N. FEDERAL HWY

Suite, Apt. #, etc.

City & State

POMPANO, FL

City & State

POMPANO, FL

Zip

33064

Country

Zip

33064

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1997

5. FEI Number

650751143

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

GONCALVES, JOAO LUIZ JR.

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

3915 N FEDERAL HIGHWAY

Suite, Apt. #, Etc.

City

POMPANO BEACH

State
FL

Zip Code

33064

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 10/29/02

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,S,T,D	GONCALVES, JOAO LUIZ	3915 N. FEDERAL HWY	POMPANO - FL 33064
V,D	DEMEYER, ALBERT	3915 N. FEDERAL HWY	POMPANO - FL 33064

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]

JOAO GONCALVES JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/29/02

954-785-1656

Daytime Phone #

CR2E031 (9/01)

3915 N. FEDERAL HWY
POMPANO BEACH, FL 33064

RE: MCAD, INC.

P97000039889

10/29/02

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY LATE FEE BECAUSE, I DID NOT RECEIVE THE ANNUAL REPORT PAPER IN MY OFFICE. BECAUSE IT'S THE FIRST TIME THAT I HAVE A CORPORATION, I AM STILL KIND OF NEW WITH THE PAPERWORK. I PROMISE YOU THAT NEXT YEAR, I WILL BE ONE OF THE FIRST PEOPLE TO FILE THE ANNUAL REPORT.

ALSO, PLEASE UPDATE MY NEW ADDRESS OF THE BUSINESS:
3915 N. FEDERAL HWY
POMPANO BEACH, FL 33064

SINCERELY,
JOAO GONCALVES JR.

x 