

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 DEC -5 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000070664

1. Corporation Name

MCH INTERNATIONAL INC.

2. Principal Office Address

10621 N KENDALL DR

Suite, Apt. #, etc.

104

City & State

MIAMI

Zip

33176

Country

DADE

3. Mailing Office Address

10621 N KENDALL DR

Suite, Apt. #, etc.

104

City & State

MIAMI

Zip

33176

Country

DADE

**REINSTATEMENT**

**03**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

CLEMENS HERNANDEZ

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

10621 N KENDALL DR

Suite, Apt. #, Etc.

104

City

MIAMI

State

FL

Zip Code

33176

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

12/1/3

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
presider	CLEMENS HERNANDEZ	848 BRICKELL KEY DR 1505	MIAMI FL 33176
VICE	MAGDALENA HERNANDEZ	6644 SW 167 ST	MIAMI FL 33196

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/3

Daytime Phone #

305-794-5846

CR2ED81 (10/02)

**MCH INTERNATIONAL  
INC.**

10621 N KENDALL DR SUITE 104  
MIAMI FL 33176

December 2, 2003

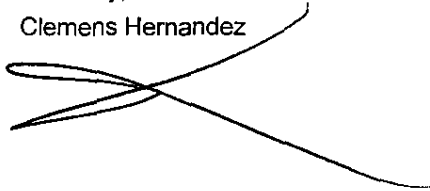
FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATION

This letter is to request a reinstatement & waived of the fee for MCH international inc. the reason for not paying was because we never received the form.

Thanks

Sincerely,  
Clemens Hernandez

A handwritten signature in black ink, appearing to be 'Clemens Hernandez', written over a horizontal line.