

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000030102

1. Corporation Name

MCV CONTRACTING, INC.

Principal Place of Business

4250 SW 152 AVE
MIRAMAR FL 33027

Mailing Address

4250 SW 152 AVE
MIRAMAR FL 33027

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

2. New Principal Office Address, If Applicable
606 FLAMINGO DRV.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL

Zip Country
33301 USA

3. New Mailing Office Address, If Applicable
606 FLAMINGO DRV.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL

Zip Country
33301 USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1998

5. FEI Number

65-0825062

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 3	City / State / Zip 4
PVST	VELAR, MANUEL C	4250 SW 152 AVE 606 FLAMINGO DRV.	MIRAMAR FL 33027 FT. LAUD. 33301
D	VELAR, MANUEL C	4250 SW 152 AVE 606 FLAMINGO DRV.	MIRAMAR FL 33027 FT. LAUD. 33301

700003677117-1
-02/13/01--01071--029
****300.00 ****300.00

8. Name and Address of Current Registered Agent

VELAR, MANUEL C
4250 SW 152 AVE
MIRAMAR FL 33027

9. Name and Address of New Registered Agent

Name

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

606 FLAMINGO DRV.

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33301

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1/31/01

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/01

Daytime Phone #

CR2E040 (8/00)

MCV Contracting, Inc.

606 Flamingo Drive
Ft. Lauderdale, FL 33301

January 31, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Enclosed find an Application for Reinstatement for our corporation. Please note that we never received a Uniform Business Report (UBR) for the year 2000. We also never received a UBR for the year 2001. Perhaps the reports were returned to your office, or perhaps they were just lost in the mail. The point is that they were never delivered.

Per our conversation yesterday with one of your representatives, we were informed to write a letter to you explaining the above, (that we never received the 2000 and 2001 UBR). He also asked us to mail in a check in the amount of \$300.00 to pay for the filing fees for 2000 and 2001.

Also please note that we have recently moved to a new location. Our new address as stated in the Application for Reinstatement is:

606 Flamingo Dr., Ft. Lauderdale FL 33301.

Please process our application and abate any penalties for not filing because we never received the original reports. Thank you very much for your cooperation. If you need additional information, you may contact the undersigned.

Sincerely,



Manuel Velazquez
Pres.