

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 21 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA9000037684

1. Corporation Name

MC(USA), INC.

2. Principal Office Address

1470 SW 8th Street

Suite, Apt. #, etc.

3. Mailing Office Address

1470 SW 8th Street

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33426

Country

Palm Beach

City & State

Boynton Beach, FL

Zip

33426

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1999

5. FEI Number

650918420

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

Matthew Brandle

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

3694 New Port Avenue

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33436

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

Matthew Brandle

Date

4/19/04

REGISTERED AGENT MUST SIGN

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
<u>PD</u>	<u>Michael TERRANA</u>	<u>6101 Pinehurst Drive</u>	<u>Boynton Beach, FL 33426</u>

REINSTATEMENT 03-04

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:

Michael Terrana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/04

Daytime Phone #

561 752-2444

CR2001 (01/04)

TOSCANINI Italian Restaurant
1470 SW 8th Street
Boynton Beach, FL 33426

4/19/04

To Whom it may concern,

I am writing this Letter to advise you that the mailing address on this corporation has been closed since June 2002.

We never received a ²⁰⁰³ Renewal notice because of this reason.

After calling the state office, we were told to write this letter along with a check for \$300.00 to reinstate our cooperation.

Thank you, *Matthew B. Candler*
Matthew B. Candler

Michael Terrana
Michael Terrana