PLEASE READ A INSTRUCTIONS BEFORE COMPL ING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 22 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S18399

1. Corporation Name

M.C.W. Consultants, Inc.

500003032935---8
-11/02/99--01090--001
****750.00 ****750.00

REINSTATEMENT 99

Principal Place of Business	Mailing Address
5424 Pine Tree Drive Miami Beach, FL 33140	24 S.W. 18th Road Miami, FL 33129-1502

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

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
	250 Australian Ave S.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1601
City & State	City & State West Palm Beach, FL 33401
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/90

5. FEI Number: 65-0240184 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Pendergast, Mary Claire	5424 Pine Tree Drive	Miami Beach, FL 33140
O	Morton, James A.	220 Cleary Road	West Palm Beach, FL 33413

LS

8. Name and Address of Current Registered Agent

Richard T. Davis
Cameron & Davis, P.A.
250 Australian Avenue South
Suite 1601
West Palm Beach, Florida 33401

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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: Richard T Davis — REGISTERED AGENT MUST SIGN — Date

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #