

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 25 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10162007 REIN-P CR2E098 (1/07)

4. FEI Number **38-3126593** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DOCUMENT # F05000005159
1. Entity Name
MCM MANAGEMENT CORP. SOUTH



Principal Place of Business: 7013 ORCHARD LAKE RD., S. 110 BLOOMFIELD, MI 48322
Mailing Address: 7013 ORCHARD LAKE RD., S. 110 BLOOMFIELD, MI 48322

2. Principal Place of Business - No P.O. Box #: **35980 WOODWARD AVE.**
3. Mailing Address: **35980 WOODWARD AVE.**
Suite, Apt. #, etc.: **SUITE 210**

City & State: **BLOOMFIELD HILLS, MI 48**
City & State: **BLOOMFIELD HILLS, MI**
Zip: **48304** Country: **OAKLAND**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
Peter F. Souza
Assistant Secretary
SIGNATURE: _____ DATE: **10/22/07**

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	MARDIGIAN, DAVID 4033 ABBY CT BLOOMFIELD HILLS, MI 48302	TITLE: [Change] [Addition]	400111360704 10/25/07--01047--007 **150.00
TITLE: V	MARDIGIAN, ROBERT 411 S. OLD WOODWARD, #620 BIRMINGHAM, MI 48009	TITLE: [Change] [Addition]	590 TOWNSEND ST.
TITLE: S	YAROCK, ROBERT 2558 NOTTINGHAM WATERFORD, MI 48329	TITLE: [Change] [Addition]	
TITLE: [Delete]		TITLE: [Change] [Addition]	
TITLE: [Delete]		TITLE: [Change] [Addition]	
TITLE: [Delete]		TITLE: [Change] [Addition]	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **248/932-9600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/26/07