

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000005159

1. Entity Name  
MCM MANAGEMENT CORP. SOUTH



FILED

2007 OCT 25 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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.  
Suite, Apt. #, etc.  
SUITE 210

3. Mailing Address  
35980 WOODWARD AVE.  
Suite, Apt. #, etc.  
SUITE 210

10162007 REIN-P CR2E098 (1/07)

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

City & State  
BLOOMFIELD HILLS, MI  
Zip  
48304 Country  
OAKLAND

4. FEI Number  
38-3126593 Applied For  
Not Applicable

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

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

10/22/07

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
MARDIGIAN, DAVID  
4033 ABBY CT  
BLOOMFIELD HILLS, MI 48302 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
MARDIGIAN, ROBERT  
411 S. OLD WOODWARD, #620  
BIRMINGHAM, MI 48009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
YAROCK, ROBERT  
2558 NOTTINGHAM  
WATERFORD, MI 48329 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
400111360704  
10/25/07--01047--007 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
590 TOWNSEND ST.

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

248/932-9600

10/26/07