

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F07000005816

1. Entity Name  
MC FINANCE, INC.



FILED  
08 NOV 10 PM 2:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
20 GLOVER AVENUE  
NORWALK, CT 06850

Mailing Address  
20 GLOVER AVENUE  
NORWALK, CT 06850

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10302 REINSTATEMENT 11/07 08

4. FEI Number  
26-1220098

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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.

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, 2009, 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 STD  
NAME GEORGE W. M. THOMAS  
STREET ADDRESS 20 GLOVER AVENUE  
CITY-ST-ZIP NORWALK, CT 06850 ☐ Delete

TITLE ~~Treasurer and Secretary~~  
NAME ~~XXXXXXXXXX~~  
STREET ADDRESS ~~XXXXXXXXXX~~  
CITY-ST-ZIP ~~XXXXXXXXXX~~ ☒ Change ☐ Addition

TITLE P  
NAME PERLMUTTER, ANDREW J  
STREET ADDRESS 1410 SPRUCE STREET #100  
CITY-ST-ZIP STROUDSBURG, PA 18360 ☐ Delete

TITLE ~~President~~  
NAME ~~XXXXXXXXXX~~  
STREET ADDRESS ~~XXXXXXXXXX~~  
CITY-ST-ZIP ~~XXXXXXXXXX~~ ☒ Change ☐ Addition

TITLE CEO  
NAME POWELL, GERARD A  
STREET ADDRESS 1410 SPRUCE STREET #100  
CITY-ST-ZIP STROUDSBURG, PA 18360 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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:

George W. M. Thomas

10/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #