

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUN -1 PM 1:34



FLORIDA DEPARTMENT OF STATE  
Katherine  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000036802

1. Corporation Name

M.C.C.A.M., Inc.

2. Principal Office Address

32 1st Street South

Suite, Apt. #, etc.

3. Mailing Office Address

32 1st Street South

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33701

Country

U.S.

City & State

St. Petersburg, FL

Zip

33701

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

April 11, 2000

5. FEI Number

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

Mari Elaine Campbell

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

322 Windrush Blvd.

Suite, Apt. #, Etc.

#6

City

Indian Rocks Beach

State  
FL

Zip Code

33785

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

*Mari Campbell*

REGISTERED AGENT MUST SIGN

Date May 25, 2001

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
PD	Mari Elaine Campbell	322 Windrush Blvd, #6	Indian Rocks Beach, FL 33785

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:

*Mari Campbell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 25, 2001 (727)822-4301

Date

Daytime Phone #

CP22F001 (01/00)