

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000037161

1. Corporation Name

MCM INTERNATIONAL BROKERS, INC.

Principal Place of Business

3555 NORTHWEST 82ND AVENUE
MIAMI FL 33126

Mailing Address

3555 NORTHWEST 82ND AVENUE
MIAMI FL 33126

2002
VBR

FILED

03 JAN -2 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FL 32304



800009782078

01/02/03--01025--011 **158.75

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1010950

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

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 3	City / State / Zip 4
PD	CHRISTIANSEN, MICHAEL P	3555 NORTHWEST 82ND AVENUE	MIAMI FL 33126
STD	CHRISTIANSEN, MARTI	3555 NORTHWEST 82ND AVENUE	MIAMI FL 33126

8. Name and Address of Current Registered Agent

CHRISTIANSEN, MICHAEL
3555 NORTHWEST 82ND AVENUE
MIAMI FL 33126

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

M. CHRISTIANSEN SIGNATURE REQUIRED

Date

12.27.02

REGISTERED AGENT MUST SIGN

11. 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:

M. CHRISTIANSEN SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.27.02

Date

Daytime Phone #

305 437 9700

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MCM INTERNATIONAL BROKERS, INC.

3555 NW 82 Avenue
Miami, Florida 33126
305-437-9700

December 27, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: MCM International Brokers, Inc.
FEI# 65-1010950
Document #P00000037161

Attention Department:

Regarding the above referenced corporation, enclosed is the completed application for reinstatement and the filing fee of \$150.00 plus an additional fee of \$8.75 for a Certificate of Status.

We respectfully request the reinstatement fee be waived due to the fact that the two prior UBR notices for this corporation were not received in our offices.

We appreciate your consideration and thank you in advance,

MCM INTERNATIONAL BROKERS, INC.



Michael Christiansen
President