


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 00000089587					
1. Corporation Name MCM STRUCTURAL CONTRACTORS CORP.					
2. Principal Office Address 3138 NW 32ND STREET Suite, Apt. #, etc.		3. Mailing Office Address 1688 CORAL WAY Suite, Apt. #, etc.			
City & State MIAMI FL. 33142		City & State MIAMI FL. 33145			
Zip 33142	Country USA	Zip 33145	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 09/21/2001					
5. FEI Number 65-1041131				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name MARIA RAY SEQUEIRA					
Street Address (P.O. Box Number is Not Acceptable) 1688 CORAL WAY					
Suite, Apt. #, Etc.					
City MIAMI			State FL	Zip Code 33145	
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 <i>Maria Ray Sequeira</i>			Date 11/05/2001		
REGISTERED AGENT MUST SIGN					
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	SEQUEIRA, MARIA A.	3138 NW 32nd Street		Miami FL. 33142	
VD	REYES, JUAN	3138 NW 32nd Street		Miami FL. 33142	
SD	REYES, SANTIAGO	3138 NW 32nd Street		Miami FL. 33142	
				BR	
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: <i>Maria Ray Sequeira</i>			11/05/2001		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #	

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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