


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -4 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts MAY 11 2005

DOCUMENT # PO1000081546
1. Corporation Name
MCK Realty, Inc.

2. Principal Office Address <u>1048 SW 42 Ave</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1048 SW 42 Ave</u> Suite, Apt. #, etc.	
City & State <u>Deerfield Beach, FL</u>		City & State <u>Deerfield Beach</u>	
Zip <u>33442</u>	Country <u>USA</u>	Zip <u>33442</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 08/15/2001

5. FEI Number 651128847 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$2.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Martene Kimmelman

Street Address (P.O. Box Number is Not Acceptable)
1048 SW 42 Ave 000054334120
05/12/05--01064--007 **150.00

Suite, Apt. #, Etc.

City Deerfield Beach State FL Zip Code 33442

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 Martene Kimmelman Date 04/27/2005
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
	<u>Martene Kimmelman</u>	<u>1048 SW 42 Ave</u>	<u>Deerfield Beach FL 33442</u>

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: Martene Kimmelman 4/27/05 9544271177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)