

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

DOCUMENT # P01000081546

1. Corporation Name

MCK Realty, Inc.

T. Roberts MAY 11 2005

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

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 <input type="checkbox"/> \$2.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Marlene Kimmelman	
Street Address (P.O. Box Number is Not Acceptable) 1048 SW 42 Ave	
Suite, Apt. #, Etc.	
City Deerfield Beach	State FL
Zip Code 33442	

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05/12/05--01064--007 **150.00

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

Marlene 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
0	Marlene Kimmelman	1048 SW 42 Ave	Deerfield Beach FL 33442

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:

Marlene Kimmelman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05

Date

9544271177

Daytime Phone #

CR2001 (01/05)