

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 DEC -8 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 02000037032*

1. Corporation Name

MCM CONSTRUCTION INC.

800139041178
*12/16/08--01007--011 **300.00*

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

4774 SHELPER RD.

Suite, Apt. #, etc.

3. Mailing Office Address

400 CAPITAL CIRCLE SE

Suite, Apt. #, etc.

STE. 18203

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32305

Country

U.S.A.

Zip

32301

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-14-02

5. FEI Number

36-4494075

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

MICHAEL C. McNAMARA

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

400 CAPITAL CIRCLE SE

Suite, Apt. #, Etc.

STE. 18203

City

TALLAHASSEE, FL.

State

FL

Zip Code

32301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *12-08-08*

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
<i>PRES.</i>	<i>MICHAEL C. McNAMARA</i>	<i>2092 OX BOTTOM RD.</i>	<i>TALLAHASSEE, FL 32312</i>

REINSTATEMENT

07-08

q88

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

12-08-08

Date

850-509-7269

Daytime Phone #

MICHAEL C. McNAMARA