

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -5 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 04000040291

1. Corporation Name

MCCANN ENTERPRISES INC.

2. Principal Office Address

5570 NW. 107 AVE.

Suite, Apt. #, etc.

904

City & State

Doral, Fl.

Zip

33178

Country

USA

3. Mailing Office Address

692 W. 29 ST.

Suite, Apt. #, etc.

9

City & State

Hialeah, Florida

Zip

33012

Country

USA

200162071832
10/23/09--01024--006 **300.00
REINSTATEMENT 08-09
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

3-2-04

5. FEI Number

87-0721316

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

CARMEN J. MCCANN

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

5570 NW. 107 AVE.

Suite, Apt. #, Etc.

904

City

Doral

State
FL

Zip Code

33178

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

Carmen J. MacCann

Date 10-21-09

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
D/PTS	MacCann , Carmen J.	5570 NW. 107 AVE. # 904	Doral, Florida 33178

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:

Carmen J. MacCann

10-21-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #