

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000050428

1. Entity Name
M.C.M. PAINTING INC.



Principal Place of Business
8536 NW 20 CT
SUNRISE, FL 33322

Mailing Address
8536 NW 20 CT
SUNRISE, FL 33322

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIUREA, MIRCEA
8536 NW 20 CT
SUNRISE, FL 33322

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MIRCEA CIUREA
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE May 16. 07

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CIUREA, MIRCEA
STREET ADDRESS 8536 NW 20 CT
CITY-ST-ZIP SUNRISE, FL 33322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400102937814
CITY-ST-ZIP 05/21/07--01023--003 **900.00

TITLE VP ☐ Delete
NAME CIUREA, GLADYS E
STREET ADDRESS 8536 NW 20 CT
CITY-ST-ZIP SUNRISE, FL 33322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mircea Ciurea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 788-1702