

**2009 FOR PROFIT CORPORATION  
REINSTATEMENT**

**FILED**

2009 APR -3 A 10: 10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200148539472  
04/03/09--01005--009 \*\*300.00



DOCUMENT # P05000000132  
1. Entity Name  
MCNAC, INC.

Principal Place of Business  
1690 RAYMOND DIEHL RD. # A-8  
TALLAHASSEE, FL 32308 US

Mailing Address  
1690 RAYMOND DIEHL RD. # A-8  
TALLAHASSEE, FL 32308 US

2. Principal Place of Business - No P.O. Box #  
34745 EMERALD COAST PKWY  
Suite, Apt. #, etc.

3. Mailing Address  
34745 EMERALD COAST PKWY  
Suite, Apt. #, etc.  
~~DESTIN~~

City & State  
DESTIN FL

City & State  
DESTIN FL

Zip  
32541

Country  
OKALOOSA

Zip  
32541

Country  
OKALOOSA



04032009 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent

CHOU, CHIHMIN  
1690 RAYMOND DIEHL RD. # A-8  
TALLAHASSEE, FL 32308

4. FEI Number  
20-2087818

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name  
CHOU CHIHMIN

Street Address (P.O. Box Number is Not Acceptable)  
34745 EMERALD COAST PKWY

City  
DESTIN FL

Zip Code  
32541

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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHOU, CHIHMIN 1690 RAYMOND DIEHL RD. # A-8 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHOU CHIHMIN 34745 EMERALD COAST PKWY DESTIN FL 32541 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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**REINSTATEMENT**  
08-09  
[Signature]

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #