


# 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
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2. Principal Place of Business - No P.O. Box # 34745 EMERALD COAST PKWY Suite, Apt. #, etc. City & State DESTIN FL Zip 32541 Country OKALOOSA	3. Mailing Address 34745 EMERALD COAST PKWY Suite, Apt. #, etc. City & State DESTIN FL Zip 32541 Country OKALOOSA
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04032009 REIN-P CR2E098 (1/07)

4. FEI Number 20-2087818	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHOU, CHIHMIN 1690 RAYMOND DIEHL RD. # A-8 TALLAHASSEE, FL 32308	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
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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  (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.
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT  
08-09

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #