

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000048813		
1. Entity Name MRCM BUILDERS, INC.		

Principal Place of Business 1470 NW 107 AVE MIAMI, FL 33172	Mailing Address 1470 NW 107 AVE MIAMI, FL 33172
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2. Principal Place of Business - No P.O. Box # 12550 Biscayne Blvd.	3. Mailing Address 12550 Biscayne Blvd.
Suite, Apt. #, etc. #507	Suite, Apt. #, etc. #507

City & State Miami, FL	City & State Miami, FL
Zip 33181	Country USA

FILED
07 FEB 28 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02/20/07 REINSP C02ED08 4/1/07

4. FEI Number 20-2597701	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FAMADA, MARIO 1470 NW 107 AVE MIAMI, FL 33172	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12550 Biscayne Blvd., #507 City Miami FL Zip Code 33181
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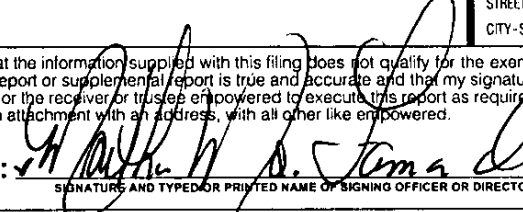
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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	D FAMADA, MARIO 1470 NW 107 AVE MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12550 Biscayne Blvd., #507 Miami, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAMADA, MARTHA M 1470 NW 107 AVE MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12550 Biscayne Blvd., #507 Miami, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700091015217 03/06/07--01026--015 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  DATE: 2/21/07 (305) 777-8110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mitchell FEB 28 2007