2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000105485

tity Name: MCM ACCOUNTING & TAX SERVICES IN

FILED Oct 08, 2009 Secretary of State

Entity Na	me: MCM AC	COUNTING & TAX SERVICES	S, INC.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	ST 8TH COUR ⁻ FL 33014	Г			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
8140 WES HIALEAH,	ST 8TH COUR ⁻ FL 33014	Г			
FEI Number	: 26-3887119	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
8140 WES	O, MICHELLE (BT 8TH COURT FL 33014 (
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE: MICHELL	E MACHADO			
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MACHADO, MIO 8140 WEST 8T HIALEAH, FL 3	H COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MACHADO, MA 12494 SW 54TI MIRAMAR, FL	H STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () MACHADO, PE 8140 WEST 8T HIALEAH, FL 3	H COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T () MACHADO, JOS	Delete SE R	Title: (Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MICHELLE MACHADO P 10/08/2009

8140 WEST 8TH COURT

HIALEAH, FL 33014

Address:

City-St-Zip: