

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

14 OCT 24 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FL 32399

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09000014770

1. Corporation Name

MMC America, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1343 Rogero Rd.		4685 Sunbeam Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 4		Suite 4	
City & State		City & State	
Jacksonville, FL		Jacksonville, FL	
Zip	Country	Zip	Country
32211	Duval	32257	Duval

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
2/18/2009

5. FEI Number
264262936

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ YES ☒ NO

7. Name and Address of Current Registered Agent

Name
Craig Wagener, Watson Commercial Realty, Inc.

Street Address (P.O. Box Number is Not Acceptable)
4685 Sunbeam Rd.

Suite, Apt. #, etc.
Suite 4

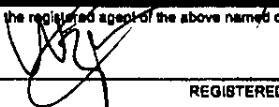
City
Jacksonville

State
FL

Zip Code
32257

100265836811
10/24/14--01034--016 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent 

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Marinus J. Jungbeker	1343 Rogero Rd.	Jacksonville, FL 32211

REINSTATEMENT
2014

10. E-mail Address: owagener@watsoncommercial.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 13-10-2014 Daytime Phone #

OCT 24 2014
M. WILLIAMS