PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

FILED
14 OCT 24 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32211	Country Duval	Zip 32257	Country Duval

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 2/16/2009

5. FEI Number 264262936 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certified Copy

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

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10/24/14--01034--016 **75.00

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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

Titles	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.817.155, F.S.

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

OCT 24 2014
M. WILLIAMS