

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000063696

Entity Name: MC RESTORATION INC.,

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

30057 BALSAM BLVD  
PUNTA GORDA, FL 33982

## **New Principal Place of Business:**

7356 FINNEGAN ST  
PORT CHARLOTTE, FL 33981

## **Current Mailing Address:**

30057 BALSAM BLVD  
PUNTA GORDA, FL 33982

## **New Mailing Address:**

MC RESTORATION INC.,  
P.O. BOX 512534  
PUNTA GORDA, FL 33951

FEI Number: 80-0450282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

JONES, MARIA C  
30057 BALSAM BLVD  
PUNTA GORDA, FL 33982 US

## **Name and Address of New Registered Agent:**

CAMPUZANO, MARIA C  
18012 O'HARA DRIVE  
PORT CHARLOTTE, FL 33948 US

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.

SIGNATURE: MARIA CAMPUZANO

04/04/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: CAMPUZANO, MARIA C  
Address: 18012 O'HARA DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby 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 all other like empowered.

SIGNATURE: CAMPUZANO MARIA

P

04/04/2011

Electronic Signature of Signing Officer or Director

Date