

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

05 JUL 12 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000009620

1. Corporation Name

MMC CONSTRUCTION CORPORATION

2. Principal Office Address

1114 SW 136 PL

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33184

Country

3. Mailing Office Address

1114 SW 136 PL

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33184

Country

**REINSTATEMENT**

15-05

4. Date Incorporated or Qualified  
To Do Business in Florida

12/03/92

5. FEI Number

650375087

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JORGE G. FORONDA

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

1114 SW 136 PL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

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 07/11/05

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
P-S	JORGE FORONDA	1114 SW 136 PL	MIAMI / FL / 33184
VP-T	MARGARETHE FORONDA	1114 SW 136 PL	MIAMI / FL / 33184

900057895099  
07/26/05--01019--012 \*\*\*2250.00

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/11/05 (305) 2274849

Date

Daytime Phone #

CR2E081 (01/05)