

APPROVED  
AND  
FILED

05 JUL 12 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA-

u

REINSTATEMENT 95-05

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

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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

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 *J Foronda* Date 07/11/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Office 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

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07/25/05--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: *J Foronda* Date 07/11/05 (305) 2274849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)