

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AR
APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT 28 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032923

1. Corporation Name

MCM INVESTMENTS OF HOLLYWOOD, INC.

Principal Place of Business

2643 SHERMAN STREET
HOLLYWOOD FL 33020

Mailing Address

2643 SHERMAN STREET
HOLLYWOOD FL 33020

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2643 SHERMAN ST

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

33021

Country

FLORIDA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1994

5. FEI Number

65-0486403

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	VEZINA, MICHAEL	3600 JOHNSON STREET 2643 SHERMAN STREET	HOLLYWOOD FL 33021
			400001954854--2 -N/02/96--01002--001 ****200.00 ****200.00
			300001995333--7 -11/04/96--01046--001 ****200.00 ****200.00
			10/31

8. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

AmeriLawyer Chartered

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

343 Almeria Avenue
Suite, Apt. #, Etc.

City

Coral Gables,

State

FL

Zip Code

33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

By:

Natalia Urrutia, Secretary

, Vice President

Date 10/7/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

MICHAEL VEZINA 10/21/96 954-929-1383

Date

Daytime Phone #

CR2E040 (7/96)