

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 DEC 13 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000015160**

1. Corporation Name

**M.C.M. PROFESSIONAL SERVICES INC.**

Principal Place of Business

Mailing Address

7925 NW 12 STREET STE 324  
MIAMI FL 33126

7925 NW 12 STREET STE 324  
MIAMI FL 33126



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/23/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0563507

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	CASTRO, MAURICIO	7925 NW 12 STREET STE 324	MIAMI FL 33126

000002030160--2  
-12/17/96--01040--003  
\*\*\*\*375.00 \*\*\*\*375.00

REINSTATEMENT

1/9/96  
A. Alon  
12/13/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASTRO, MAURICIO  
7925 NW 12 STREET STE 324  
MIAMI FL 33126

Name Evelyn Chabonick  
Street Address (P.O. Box Number is Not Acceptable)  
7925 NW 12 Street  
Suite, Apt. #, Etc.  
324  
City Miami State FL Zip Code 33126

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

12/12/96

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)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/96

Date

470 2504

Daytime Phone #

CR22040 (7/96)