


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION • FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000015160			
1. Corporation Name M.C.M. PROFESSIONAL SERVICES, INC.			
Principal Place of Business 600 N.E. 36TH STREET SUITE C-2 MIAMI, FL 33137		Mailing Address 7925 N.W. 12 STREET SUITE. 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	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 2-23-95			
5. FEI Number 65-0563507		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PSTD	MAURICIO CASTRO	7925 N.W. 12 ST, SUITE 324	MIAMI, FL 33126
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
EVELYN PRADO-CHAPONICK 7925 N.W. 12 STREET., SUITE 324 MIAMI, FL 33126		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State FL Zip Code	
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 <i>Evelyn Prado-Chaponick</i> REGISTERED AGENT MUST SIGN		Date	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-10-99 (305) 5719470 Date Daytime Phone #	

CR2E081 (12/98)