

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -6 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000029909

1. Corporation Name

CMCC, INC.

Principal Place of Business

1072 SW 156 TERRACE
PEMBROKE PINES FL 33027

Mailing Address

1072 SW 156 TERRACE
PEMBROKE PINES FL 33027

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

2. New Principal Office Address, If Applicable

308 Alhambra Circle

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33134

Country

U.S.A.

3. New Mailing Office Address, If Applicable

308 Alhambra Circle

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33134

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1999

SP

5. FEI Number

65-0927615

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	4 City / State / Zip
D	MOURAD, MAHA	1072 SW 156 TERRACE	PEMBROKE PINES FL 33027

3000003478643--1
-11/28/00--01084--003
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

MOURAD, MAHA
1072 SW 156 TERRACE
PEMBROKE PINES FL 33027

9. Name and Address of New Registered Agent

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/28/2000

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 2, 2000 (305) 446-1120
Date Daytime Phone #

CR2E040 (8/00)