PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION -- FÖR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	# F	P99(000	002	29	90	9

1. Corporation Name

CMCC, INC.

Principal Place of Business

2. New Principal Office Address, If Applicable

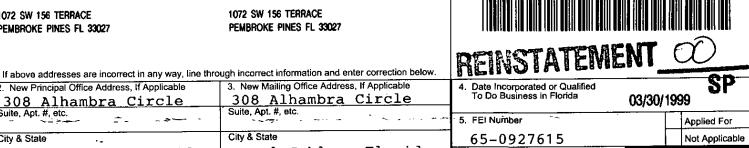
308 Alhambra Circle

1072 SW 156 TERRACE PEMBROKE PINES FL 33027 Mailing Address

1072 SW 156 TERRACE PEMBROKE PINES FL 33027 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



Suite, Apt. #	t, etc.		Suite, Apt. #,	BIC.	* 4, 4, 1, 1, 4, 4,	5. FEI Number		Applied For			
City & State)		City & State			65-092	27615	Not Applicable			
_Cora	l_Gable	es, Florida	Coral	Gables,	_Florida	6.	\$8.75 A	Additional Fee required			
Zip 33134	4	Country U.S.A.	^{Zip} 33134	Ĵ ²	J.S.A.	CERTIFICATI		Certificate of Status			
7. Names a	7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director City / State / Zip 4			/ Zip			
D	MOURAD,	MAHA		1072 SW 156	TERRACE		PEMBROKE PINES FL 33027				
							(00003478) -11/28/000 ****750.00	3431 1084003 ****750.00			

8. Name and Address of Current Registered Agent					Name	9. Name and /	Address of New Registered Age	int			
- MOURAD, MAHA				Street Address (P.O. Box Number is Not Acceptable)							
PEMBROKE PINES FL 33027				Suite, Apt. #, Etc	Suite, Apt. #, Etc.						
					City		FL	Zip Code			
10. I, being	appointed th	e registered agent of the ab	e named co	ration, am famili	ar with and accept the o	bligations of Sect	tion 607.0505, F.S.				
Signature of Registered Agent Agent Agent Must Sign Registered Agent Must Sign											

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 reinstalement 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.

K Maha Mourad IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR