

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
L02000033140

03 NOV 21 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000033140

Name and Mailing Address

0008979 01 AT 0.292 **AUTO H3 0 0615 33331-342030

6330 HAWKES BLUFF BLVD.

M AND M ENTERPRISES OF SOUTH FLORIDA, L.L.C.

6330 HAWKES BLUFF BLVD.

DAVIE FL 33331-3420



2. New Mailing Address 6330 Hawkes Bluff Ave Davie, FL 33331		4. State/Country of Formation FL	
Principal Place of Business 6330 HAWKES BLUFF BLVD. DAVIE FL 33331		5. Date Organized or Qualified To Do Business in Florida 12/11/2002	
3. New Principal Place of Business Address 6330 Hawkes Bluff Ave Davie, FL 33331		6. FEI Number 43-1986278	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent TYLER, WILLIAM A 6834 STIRLING ROAD DAVIE FL 33024		9. Name and Address of New Registered Agent Name: Tyler, William A 6834 Stirling Road City: Davie FL 33024	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: William A. Tyler DATE REQUIRED: 11-19-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MASSA, DANIEL	6330 HAWKES BLUFF BLVD. AVE	DAVIE FL 33331
MGR	MASSA, MELISSA	6330 HAWKES BLUFF BLVD. AVE	DAVIE FL 33331
100024936991 11/21/03--01084--005 **150.00			
REINSTATEMENT 2003			
B/K			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Melissa Massa DATE: 11-19-03 Daytime Phone #: 954-689-0069

Typed or printed name of signing Managing Member/Manager: MELISSA MASSA

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L02000033140

MELISSA & DANIEL MASSA
6330 HAWKES BLUFF AVENUE
DAVIE, FL 33331
954-689-0069
954-434-6421 (FAX)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

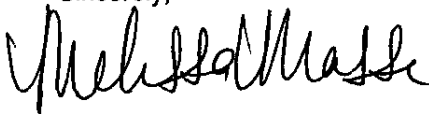
November 19, 2003

To Whom It May Concern,

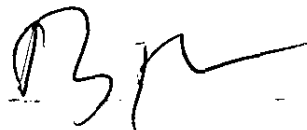
I am writing this letter to ask that M & M Enterprises of South Florida, L.L.C. be reinstated. I never received any information from you stating that I had to file a Uniform Business Report. I think that I may have not received the mail because the address you have on record has the wrong zip code. Please note my application for reinstatement and correct the address on your records.

I am also asking that all the late fees be waived due to the fact of this problem. It is very important for me to keep this corporation current. Please let me know if you need anything else to fix this matter.

Sincerely,



Melissa Massa



IN THE MATTER OF THE ESTATE OF
MELISSA & DANIEL MASSA, L.L.C.
A LIMITED LIABILITY COMPANY
OF THE STATE OF FLORIDA

STATE OF FLORIDA, COUNTY OF DADE, IN AND FOR THE COURT OF THE CLERK OF THE DISTRICT COURT OF THE FIRST JUDICIAL CIRCUIT IN AND FOR THE COUNTY OF DADE, FLORIDA