

2006 FOR PROFIT CORPORATION REINSTATEMENT

check # 141

DOCUMENT # P05000063633 1. Entity Name MM INDUSTRIAL, CORP					
Principal Place of Business 7960 NW 197TH STREET HIALEAH, FL 33015			Mailing Address 7960 NW 197TH STREET HIALEAH, FL 33015		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
5. Certificate of Status Desired ☐				☐ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MARTINEZ, GUILLERMO 7960 NW 197TH STREET HIALEAH, FL 33015				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MARTINEZ, GUILLERMO 7960 NW 197TH STREET MIAMI, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300082215223 12/01/06--01056--024 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-06

305-827 8117

Date

Daytime Phone #

FILED

06 DEC -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT-06



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REIN-P

CR2E098 (11/05)