PLEASE READ	ALL INSTRUCT	TIONS BEFORE C	OMPLETIN	VG THIS FORM	n		
CORPORATION REINSTATEMENT	Secreta	RTMENT OF STATE ry of State corporations		2007 MAY 14 A			
DOCUMENT # P9500003	9978		1	SECRETARY OF TALLAHASSEE.	FĽÖRÍÐA		
Montessori Made	Manage	100103198111 05/24/0701027009 **450.00					
2. Principal Office Address - No P.O. Box # 1015 Avondale Avenue	3. Mailing Office Addr 100 The Kir	REINSTATEMENT 05 90.					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 5/18/1995				
City & State Cincinnati, Ohio	City & State . Cherrylog,	GA	650579655 Applied For Not Applied by				
45229 Country	^{Zip} 30522	Country	6. CERTIFICATE	OF STATUS DESIRED \$	8.75 Additional Fee required for a Certificate of Status		
Name Joseph M. Scott Street Address (P.O. Box Number is Not Acceptable 336 Water's Edge Dr. Scott	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.						
	EGISTERED AGENT MUS	Scott ST SIGN)		Date			
9. Names and Street Addresses of Each Officer at	nd/or Director (Florida nonp	orofit corporations must list at le Street Address of Eac					
Titles Officers and/or Director	s	Officer and/or Directo	or	City / State / Zip			
President Lisa Adarve	101	5 Avondale Av	enue	Cincinnati, Ohio 45229			
Sec/Treas Barbara Scott	100	The King's Co	ourt	Cherrylog, C	GA 30522		
10. I certify that I am an officer or director or the rectific this reinstatement application, the reason for discoved by the corporation have been paid and the on this application is true and accurate, and my SIGNATURE:	solution has been eliminate names of individuals lister	ed, the corporate name satisfied on this form do not qualify for ame legal effect as if made und	s the requirements an exemption cont	of section 507.0401 of 51.	. The Information indicated		

Department of Corporations Uniform Business Report Filings PO Box 6327 Tallahassee, FL 32314

Attention: Andy Dunlap Ref. Number: P95000039978

We filed for reinstatement in Feb. 2006 and forwarded our request with a check (#2822) for 2005 and 2006 filings. We received a notice this date saying that our 2007 filing check was also being returned. In the request I noted that I had a diagnosis of ovarian cancer and at almost the same time my husband who helped manage the corporation finances was diagnosed with lung cancer. Although the check for reinstatement (2/06) was cashed we have not received notice that the corporation has been reinstated as "active" and we did not receive any other notices regarding this issue. This is the first correspondence we have received. We get notices for Florida UC, sales taxes, etc. but nothing regarding our corporate reinstatement.

Please note we are trying to comply with all regulations in the state of Florida. We have been consistent payers from 1996 to 2004.

In hopes that this will suffice, and per instructions from Mr. Andy Dunlap on the telephone today, we are forwarding a check for \$450 for the years 2005, 2006 and 2007 Annual Reports along with this request for reinstatement. We have also put in a change of address and registered agent to:

MMM, Inc. Joseph M. Scott 336 Water's Edge Dr. South Ponte Vedra Beach, FL 32082

You have this information on record already.

Thank you,

Barbara Scott Sec./Treasurer MMM, Inc.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CITCLESIA AVE. SUME C CRANGE CITY State 32 2003 S. I. being appointed the proteined spent of the above named corporation, an inmitter with and coupled and requesting the reinstatement fee be waived. State 32 2003 S. I. being appointed the proteined spent of the above named corporation, an inmitter with and couple the obligations of section 607,0505 or 617,0505, F.S. Signature of the state of the above named corporation, an inmitter with and couple the obligations of section 607,0505 or 617,0505, F.S. Signature of the state of the above named corporation return that at least 3 directors Titles Officers and/or Directors Giffers and/or Directors City / State / Zip P JUDY L DIORIO 1900 SW 27TH TERRACE CAPE CORAL FL 33914 VPS JAMES L DIORIO 1900 SW 27TH TERRACE CAPE CORAL FL 33914 100 SW 27TH TERRACE CAPE CORAL FL 33914 101 State of the control of the control or the section of the control of the co		RPORAT ISTATEM		1	DEPAR Secretar SION OF C	y of Sta				TLED 14 AM 9:	10
JLD CLEANING INC SOCIETY STATE CORPLETED STATEMENT OF CORP. BOTH STATEMENT OF CORPLETED STATEMENT OF CORP. THE CORP.					TO LOS TO STATE						
States, Apt. 6, etc. States, Apt. 6, etc. States CORAL CAPE CORAL CAPE CORAL CAPE CORAL To the fluctorest in Printing A Date Incorporated or Custified 11/06/2003 A Date Incorporate or STATUS DESIRED The reinstratement fee is Imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstratement fee be waited. B L bring appointed for Question of section, 607/0006 or 617/0008, F.S. B L bring appointed for Question of section, 607/0006 or 617/0008, F.S. B Date of Corporation must be all less 3 directors) B Date of Others and Others and or Director (Pictrian inoxycolf corporations must be all less 3 directors) B DATE OF CAPE CORAL FL 33914 CREGITTED AGENT MUST SIGN P JUDY L DIORIO 1900 SW 27TH TERRACE CAPE CORAL FL 33914 VPS JAMES L DIORIO 1900 SW 27TH TERRACE CAPE CORAL FL 33914 The individual limit is min in officer or director or the receiver or the experiments of exclusion the registered or the continue of the Corporation in the second of Corporation in Corpor						:80 05/24	0010 3 /070103	1996 31001	28 **450.00		
CAPE CORAL 33914 CAPE CORAL Applied for To Be Studeness to Francis 11/06/2003 NAE To Be Studeness to Francis 11/06/2003 NAE Applied for NAE Applied for NAE Applied for NAE The mes and Address of Current Registered Agent ACL FLORIDA FIRM, INC, ACTIVE The reinstatement fee is Imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. The long appoints for prior notices were not received and requesting the reinstatement fee be waived. The prior notices are not received and requesting the reinstatement fee be waived. The long appoints for prior notices were not received and of the store remaind conjunction, and tential with and appeal the adaptation of precision of the store remaind conjunction of the store remaind conjunction and the store and the store remaind conjunction of the store and the store remaind conjunction of the store and the store an				3. Mattre 0 1900 S	W 27	TH TE	RRACE	RE	NSTAT	MENT	OS-07
CAPE CORAL 33914 CAPE CORAL 33914 CAPE CORAL CAPE CORAL CAPE CORAL CAPE CORAL CAPE CORAL To Remain and Addresses of Current Registered Agent 7. Name and Addresses of Current Registered Agent ACL FLORIDA FIRM, INC, 2653. VOLUSIA AVE. SOME C CRANGE CITY State STANS REGISTRANCE Agent STANS REGISTRANCE Agent The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. STANS REGISTRANCE CITY State STANS REGISTRANCE CITY State STANS REGISTRANCE CITY State Recistration of the above named copporation, an familiar with and apospt the obligations of section 607,0005 or 617,0000, F.S. Registered Agent Recistration of State Addresses of Each Officer and/or Director for Copporation must be a least 3 directors Cape COPAL FL 33914 Take Output L DIORIO 1900 SW 27TH TERRACE CAPE CORAL FL 33914 19	Suite, Apt. 6, etc. Suite, Apt. 6, etc.			etc.			4. Date Incor	porated or Qualif	11/0	6/2003	
The reinstance which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices were not necessive and requesting the reinstatement of section (807,1500, F.S. Supported and requesting the reinstatement of section (807,1500, F.S. Supported and requesting the reinstatement application. By an are certified in the section of the section of the section. 100, 100, 100, 100, 100, 100, 100, 100	CAPE CORAL CAPE			CORAL		<u></u>			Applied For		
The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you free certifying the prior notices. By checking this box, you free certifying the prior notices. By checking this box, you free certifying the prior notices were not received and requesting the reinatstement fee be waived. State 32763 8. I. being appointed as entirement goat of the above named corporation, an tenditor with and except the obligations of section, 607,000 or 617,000, F.S. Bignature of April Record April Recor	3391	14	County LEE	33914	1	LEE		6.		RED	
Superior of Agents Recent Repeter of Agents Recent Recent Recent Recent Must store 1900 SW 27TH TERRACE CAPE CORAL FL 3397. So. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Names of Street Addresses of Each Officer and/or Directors P JUDY L DIORIO 1900 SW 27TH TERRACE CAPE CORAL FL 33914 VPS JAMES L DIORIO 1900 SW 27TH TERRACE CAPE CORAL FL 33914 10. I contry that 1 am an officer or director or the receiver or fugites empowered to execute this application as provided for in chapter 607 or 617, F.S. I further cently that when filling this relatablement application, by a means for director in his bean distributed in this form do not qualified the requirements of section 607 Add; or 617, Add; F.S. The information indicated on this application is true find acceptable, and my signature shall have the earns legal effect as if made under cent.	ALL FLORIDA FIRM, INC, 465'S. VOLUSIA'AVE'. SUITE'C				State L. ZhoCode			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
P JUDY L DIORIO 1900 SW 27TH TERRACE CAPE CORAL FL 33914 VPS JAMES L DIORIO 1900 SW 27TH TERRACE CAPE CORAL FL 33914 10. I contily that I am an officer or director or the receiver or therete empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when thing this retrinstatement application, the repeated for the corporation hayer been plad and the names of individuals fated on this form do not qualify for an examption contained in Chapter 119, F.S. The information indicated on this application is true find acceptable, and my signature shall have the earne legal effect as if made under certify.	Cames Diorio 3/22/07										
P JUDY L DIORIO 1900 SW 27TH TERRACE CAPE CORAL FL 33914 VPS JAMES L DIORIO 1900 SW 27TH TERRACE CAPE CORAL FL 33914 10. I carety that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 907 or 617, F.B. I further carety that when thing this introduction has been eliminated, the corporate reason satisfies the requirements of section 607.0401 or 617.0401, F.B., that all fees over by the corporation have been paid and the names of includituals listed on this form do not quality for an exemption contained in Chapter 119, F.B. The information indicated on this application is trust find accounts, and my algorithms the earne legal effect as if made under cath.		end Street A	Name of	for Director (Fig	ride nonpro					City / State /	Z lp
90. I certify that I am an officer or director or the receiver or finales empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this retrustatement application, the apparatus for directation hab been effortuned, the corporate name self-direct the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation hayer-them hald and the names of includiousle listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true find accoupted, and my alignature shall have the same legal effect as if made under cash.	P	JUDY						·····			
on the approximation is triported according, and thy signature shall have the same legal effect as it made under cash.	VPS	JAMES L DIORIO			1900 SW 27TH TERI			RRACE	CAPE	CORAL	FL 33914
on the approximation is triported according, and thy signature shall have the same legal effect as it made under cash.			Mels	2							
SIGNATURE: OF OTHER AND TYPED OR PRINTED HAVE OF SOURCE OF DIRECTOR Days Proof &											