

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

16 FEB -1 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO7000042631

1. Corporation Name

m+m Construction and Maintenance, Inc.

2. Principal Office Address - No P.O. Box #

395 Prairie Industrial Pkwy  
Suite, Apt. #, etc.

3. Mailing Office Address

395 Prairie Industrial Pkwy  
Suite, Apt. #, etc.

City & State

Mulberry FL

Zip Country

33860

City & State

Mulberry FL

Zip Country

33860

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

04-05-2007

5. FEI Number

20-8792238

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mary Matias

Street Address (P.O. Box Number is Not Acceptable)

4830 Bethlehem Road

Suite, Apt. #, Etc.

City

Mulberry

State

FL

Zip Code

33860

500280222705  
12/18/15--01015--018 \*\*1535.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Mary Matias

REGISTERED AGENT MUST SIGN

Date

11/14/15

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTS	Kevin Matias	395 Prairie Industrial Pkwy	Mulberry FL 33860

10. E-mail Address: kevinmatias82@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

863-661-1370

Daytime Phone