

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 SEP -5 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400105624174
07/06/07--01023--001 **420.00

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734787

1. Corporation Name

M.M.C. Condominium Association, Inc.

(NOT FOR PROFIT)

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

1062 Hartley Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2422

Suite, Apt. #, etc.

City & State

Marco Island, FL

City & State

Marco Island, FL

Zip

34145

Country

USA

Zip

34145

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1975

5. Filing Number

590475190

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

Steve Carlucci

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

1062 Hartley Ave. #106

Suite, Apt. #, Etc.

City

Marco Island

State

FL

Zip Code

34145

☐ 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.

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



Date

REGISTERED AGENT MUST SIGN

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
Pres.	James M. Lang	836 Saturn Court	Marco Island, FL 34145
V.P.	Richard Disbrow	158 Saxon Street	Marco Island, FL 34145
Sec/ Trea.	Steve Carlucci	105 Hartley Ave.	Marco Island, FL 34145

REINSTATEMENT 04-07

10. 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., 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 contained in Chapter 119, 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.

SIGNATURE

 JAMES M. LANG Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/07
Date

288 595-1811
Daytime Phone #