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LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E039 (1/11)

DOCUMENT # A98000001033

1. Name of Limited Partnership

MM & PP, LTD.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
59 Jansen ST	59 Jansen ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Staten Island NY	City & State: Staten Island NY
Zip: 10312 Country: USA	Zip: 10312 Country: USA

4. Date Formed or Registered To Do Business in Florida: 04/27/1998

5. FEI Number: 593495288 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: Plantation FL Zip Code: 33324

7. FEES:

Filing Fee(s): $411.25 for each year due this office.
Supplemental Fee(s): $88.75 for each year due this office.
Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

E-mail Address: johnsnoslices@aol.com

E-Mail address to be used for future annual report notices

9. Pursuant to the provisions of section 620.1810 or 620.1908, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) [signature] DATE 10/16/14

(REGISTERED AGENT MUST SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10 Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a Registration Document Number
PMPL, INC.	59 Jansen ST SI	Staten Island NY 10312	
	Peter Castellotti Sr 3080 47th CT	FT Lauderdale FL 33308	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. 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 Lisa Castellotti DATE 10/16/14

OCT 30 2014

M. WILLIAMS

Florida Department of State

Division of Corporations

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LP/LLLP REINSTATEMENT
MM & PP, LTD.

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