

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F93000004982

1. Corporation Name

MMI INTERNATIONAL CORP.

97 OCT 31 PM 2:50

mntw
10/31

Principal Place of Business

3400 MCINTOSH RD.
PO BOX 165153
FT. LAUDERDALE FL 33316
US

Mailing Address

PO BOX 165153
FT. LAUDERDALE FL 33316
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1993

5. FEI Number

22-3207366

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	SINGH, HARJIT	3400 MCINTOSH RD.	FT. LAUDERDALE FL 33316
DPST	SINGH, MARGARET	3400 MCINTOSH RD.	FT. LAUDERDALE FL 33316

000002349580--7
-11/17/97--01154--002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

HARJIT SINGH
3400 MCINTOSH RD.
PO BOX 165153
FT. LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name MARGARET SINGH
Street Address (P.O. Box Number is Not Acceptable)
2555 MERCEDES DRIVE
Suite, Apt. #, Etc.
City Fort Lauderdale State FL Zip Code 33316

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/24/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/97 954-523-3750

CR2ED40 (8/97)