

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 15 AM 10:29

DOCUMENT # F96000003911

1. Corporation Name

MMM ASSOCIATES, INC.

Principal Place of Business

PO BOX 1068
FAIRHOPE AL 36533

Mailing Address

PO BOX 1068
FAIRHOPE AL 36533



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

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

08/01/1996

5. FEI Number

63-1098258

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PC	SHANNON, MICHAEL V	753 EAST GLENN AVENUE	AUBURN AL 36831
VST	ROGERS, EDWARD E JR	8 CHARBON DRIVE	MONTROSE AL 36559
VC	ROGERS, EDWARD E JR	8 CHARBON DRIVE	MONTROSE AL 36559
			300004703223--7 -12/04/01--01008--004 *****150.00 *****150.00

8. Name and Address of Current Registered Agent

DYE, DON D
317 EAST-CALL STREET
TALLAHASSEE FL 32315

9. Name and Address of New Registered Agent

Name

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

236 E. FIFTH AVE.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-17-01

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-12-01

Daytime Phone #

CR2040 (8/01)

LAW OFFICES
THE DYE LAW FIRM, P.A.

JIM L. DYE (1932-1998)
DON D. DYE*
JIMMY DYE
*Licensed in Florida & Georgia

ATTORNEYS AND COUNSELORS AT LAW
236 EAST 5TH AVENUE
POST OFFICE BOX 4148
TALLAHASSEE, FLORIDA 32315

TELEPHONE (850) 224-1205
FAX (850) 224-0234
E-MAIL: dlfpa@earthlink.net

November 14, 2001

Florida Dept. of State
Division of Corporations
Attn: Andy Dunlap
P. O. Box 6327
Tallahassee, FL 32314

Re: MMM Associates, Inc.
Ref. No: F96000003911

Dear Mr. Dunlap:

In response to your letter of October 31, 2001 please be advised that my client in fact indicates that they never received any notifications from your office prior to the notice of dissolution. Enclosed you will find a letter from my client verifying this fact.

Your assistance in processing my client's reinstatement would be appreciated.

Very truly yours,



Don D. Dye

DDD/vg