## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	F96000003911
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1. Corporation Name

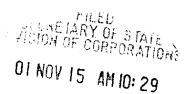
MMM ASSOCIATES, INC.

Principal Place of Business

Mailing Address

PO BOX 1068 FAIRHOPE AL 36533 PO BOX 1068

FAIRHOPE AL 36533





if above a	ddresses are	incorrect in any way, line t	hrough incorrect in	nformation a	nd enter correction	on below.				
If above addresses are incorrect in any way, line through incorrect in  2. New Principal Office Address, If Applicable  3. New Mailin  4. New Mailin  4. New Mailin  4. New Mailin  5. New Mailin  6. New Mailin  7. New Mailin  8. New Mailin  8. New Mailin  8. New Mailin  9. New							Date Incorporated or Qualified     To Do Business in Florida     08/01/1996			
Suite, Apt. #, etc. Suite, Apt. #		etc.		<u> </u>		Applied For				
City & State City & State		City & State				63-1008258		Not Applicable		
Zip Country Zip -				Country 6 CERTIFICAT			E OF STATUS DESIRED : \$8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corporations m	nust list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			:	City / State / Zip		
PC	SHANNON, MICHAEL V 753 EAS			AST 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		
					en salve S			000047032237 -12/04/0101008004 ****150.80 ****150.80		
								M	A ulso	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent					
DYE, DON D 317-EAST-CALL STREET TALLAHASSEE FL 32315				Stree	Name  Street Address (P.O. Box Number is Not Acceptable)  236 E. F. FHL Ave.  Suite, Apt. #, Etc.  City  Tallahavec  State Zip Code 32303					
10. I, being	appointed the	e registered agent of the a	pove named corpo	oration, am fa	amiliar with and a	,			32305	
Signature o Registered	f Agent _	SNG	) TUTE REGISTERED AG		QUIR	ED		Date <u>/0 ~ 1 <b>7</b> ~ (</u>	2/	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-01

Date

Daytime Phone #

## 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