


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F99000003020			
1. Corporation Name M M & I Supply Co., Inc.			
2. Principal Office Address 13621 China Berry Way Suite, Apt. #, etc.		3. Mailing Office Address 13621 China Berry Way Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33908	Country USA	Zip 33908	
Country USA		4. Date Incorporated or Qualified To Do Business in Florida 6-18-99	
5. FEI Number 36-4102807		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$375 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name George Brinkman			
Street Address (P.O. Box Number is Not Acceptable) 13621 China Berry Way			
Suite, Apt. #, Etc.			
City Fort Myers		State FL	
Zip Code 33908			
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 7/6/07	
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	Pamela Brinkman	13621 China Berry Way	Fort Myers, FL 33908
VP	George Brinkman	" " " "	" " " "
Tres	Pamela Brinkman	" " " "	" " " "
Sec	George Brinkman	" " " "	" " " "
REINSTATEMENT 0707			
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 under section 119.07(3)(i), FS. 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:		George Brinkman	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/6/07	239-454-9181
		Date	Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M M & I Supply Company, Inc.

13621 China Berry Way
Fort Myers, Florida 33908

(239) 454-9181
(800) 472-7968
Fax (239) 454-9183
Computer Supplies

July 6, 2007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Department of State:

I have enclosed the Corporation Reinstatement Form to be reinstated as a Corporation doing business in the State of Florida. I have also included a check for \$600.00 covering the years 2004 through 2007. Please note that there was a overpayment in 2002 of \$150.00 that should be applied to 2003.

During the last several years your forms were being delivered to our old address at 13170 White Marsh Lane in Fort Myers. We have not lived at that address for 8 years. In the future please send the forms to the following.

M M & I Supply Co., Inc.
13621 China Berry Way
Fort Myers, FL 33908

ATTN: George Brinkman - Vice President

If you have any questions, please call me at the office.
Thank you for your help concerning this matter.