

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2006 DEC 15 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G32225

1. Corporation Name

MMMM-The Good News Publishing Company

2. Principal Office Address

4730 SW 67 Ave

Suite, Apt. # etc

I-6

City & State

Miami, FL

Zip

33155

Country

USA

3. Mailing Office Address

4730 SW 67 Ave

Suite, Apt. # etc

I-6

City & State

Miami, FL

Zip

33155

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/04/1983

5. EFL Number

59-2415335

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Edward F McHale

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

2855 PGA Blvd

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

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
PD	Nielsen, Joan	4730 SW 67 Ave I-6	Miami, FL 33155
man. editor	Moore, Roselind	3003 Alhambra Circle	Coral Gables, FL 33134

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 contained in Chapter 119, 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:

*Joan Nielsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305)663-0473

Daytime Phone #