

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 18 AM 9:42

DOCUMENT # J70218

1. Corporation Name

MMW Investments, Inc.

2. Principal Office Address - No P.O. Box #

915 Osprey Dr

3. Mailing Office Address

915 Osprey Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32940

Country

Brevard

Zip

32940

Country

Brevard

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4/30/1987

5. FEI Number

59-2804530

☐ 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

John V. Wicklund III

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

915 Osprey Dr

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32940

000184460130
08/18/10--01029--004 **2435.00

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

John V. Wicklund III
REGISTERED AGENT MUST SIGN

Date 8-15-10

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
D	Wicklund, John V. III	915 Osprey Dr	Melbourne, FL 32940
D	Wicklund, Mary B.	915 Osprey Dr	Melbourne, FL 32940
D	Sullivan, William A.	303 Homestead Lane	Traverse City, MI
		REINSTATEMENT	99-10
			B, 8/19/10

10. E-mail Address: jwicklund3@bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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:

John V. Wicklund III JOHN V. WICKLUND III 8/15/10 321-242-1352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #