

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL 30 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J99939

1. Corporation Name

M & M WALL DESIGNS, INC.

2. Principal Office Address

16 22 STEVENS, AVENUE

3. Mailing Office Address

16 22 STEVENS, AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32806

Country

USA

Zip

32806

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/1987

5. FEI Number 59-2855037

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 MICHAEL BALL

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

1622 STEVENS AVENUE

Suite, Apt. #, Etc.

City

ORLANDO

State  
FL

Zip Code 32806

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

*J. Michael Ball*

REGISTERED AGENT MUST SIGN

Date

*July 24, 2003*

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.	JOHN MICHAEL BALL	1622 STEVENS AVENUE	ORLANDO, FL 32806
SEC.	JOHN MICHAEL BALL	1622 STEVENS AVENUE	ORLANDO, FL 32806

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), 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:

*J. Michael Ball*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*July 24, 2003*

Daytime Phone #

*(407) 851-0397*

CR2E081 (10/02)

7/20