1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAY 22 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
**Katherine Harris**
**Secretary of State**
DIVISION OF CORPORATIONS

**DOCUMENT #** K-19919

**REINSTATEMENT** 00-01

**1.** Corporation Name

MMCI, INC.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 1921 Rolling Green Cir. | 1921 Rolling Green Circle |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Sarasota, FL | City & State: Sarasota, FL |
| Zip: 34240 Country: | Zip: 34240 Country: |

**4.** Date Incorporated or Qualified To Do Business in Florida: 3/1/88

**5.** FEI Number: 65-0052385 ☐ Applied For ☐ Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED ☐

**7.** Name and Address of Current Registered Agent

Name: Stephen H. Kurvin, Esq.

Street Address (P.O. Box Number is Not Acceptable): 7 South Lime Avenue

Suite, Apt. #, Etc.:

City: Sarasota State: FL Zip Code: 34237

**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: Stephen H. Kurvin — REGISTERED AGENT MUST SIGN Date: 5/17/2001

CR2E081 (9/00)

**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 |
|---|---|---|---|
| P | Michael J. Mollohan | 1921 Rolling Green Circle | Sarasota, FL 34240 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

500000428625

**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:** Michael J. Mollohan 5/10/01 (941) 376-6367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : ~~159156~~ 82467A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 900.00

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ORDER DATE : May 22, 2001

ORDER TIME : 1:58 PM

ORDER NO. : 159156-005

CUSTOMER NO: 82467A

CUSTOMER: Stephen H. Kurvin, Esq
Stephen H. Kurvin, Esquire
7 South Lime Avenue

Sarasota, FL 34237

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DOMESTIC FILINGS

NAME: MMCI, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
01 MAY 22 PM 3:17
DIVISION OF CORPORATION