

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

1. DOCUMENT # L01000009325

Name and Mailing Address

0015946 01.MB 0.309 \*\*AUTO T9 0 0615 32401-107999



M & M RESTAURANT ENTERPRISES, LLC  
4809 W. HWY 98  
PANAMA CITY FL 32401-1079



2. New Mailing Address

City, State, Zip

Principal Place of Business

4809 W. HWY 98  
PANAMA CITY FL 32401

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

06/11/2001

6. FEI Number

59-3723869

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

BURKE, M. TODD ESQ  
BURKE & BLUE PA  
586 GRAND BLVD SUITE 100  
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name  
Same

Street Address (P.O. Box Number is Not Acceptable)  
215 Grand Boulevard, Suite 101

City  
Destin

FL

Zip Code  
32550

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]*  
**REGISTERED AGENT MUST SIGN**

Date 10/23/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HARBISON, MATTHEW B	4809 W. HWY 98	PANAMA CITY FL 32401
MGRM	HARBISON, MYNTE S	4809 W. HWY 98	PANAMA CITY FL 32401

REINSTATEMENT 03  
dec

700024759147

10/30/03--01012--012 \*\*300.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*[Signature]*  
**REGISTERED AGENT MUST SIGN**

Date 10/20/03

Daytime Phone # 850-784-6633

Typed or printed name of signing Managing Member/Manager

Mynthe S. Harbison

CR2E084 (7/03)