

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000009331

Name and Mailing Address

0015959 01 MB 0.309 **AUTO T9 0 0615 32401-107999



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



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4809 W. HWY 98 PANAMA CITY FL 32401		5. Date Organized or Qualified To Do Business in Florida 06/11/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3724570 Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent BURKE, M. TODD ESQ BURKE & BLUE PA 586 GRAND BLVD SUITE 100 DESTIN FL 32541		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 32550 000024267810 10/30/03-01012-012 **300.00		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 <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date <u>10/20/03</u>	
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, MYNIA S	4809 W. HWY 98	PANAMA CITY FL 32401

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[Signature]

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] **REQUIRED**

Date 10/20/03

Daytime Phone # 850-784-6033

Typed or printed name of signing Managing Member/Manager

Mynia S. Harbison

CR2E084 (7/03)