

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

2004 JAN -6 AM 8:53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000023889

Name and Mailing Address

0002294 01 AT 0.292 **AUTO T1 0 0615 32501-395101



MMP L.L.C.
401 N. TARRAGONA STREET
PENSACOLA FL 32501-3951

200026046332
01/06/04--01005--014 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/13/2002	
Principal Place of Business 401 N. TARRAGONA STREET PENSACOLA FL 32501	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 58-2671368	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent FLORIDA AGENT SERVICES, INC. 92 SADBERRY ROAD QUINCY FL 32351-0000	9. Name and Address of New Registered Agent Name: <u>John D. Phillips</u> Street Address (P.O. Box Number is Not Acceptable): <u>1821 E. BRAINERD</u> City: <u>PENSACOLA</u> FL Zip Code: <u>32503</u>
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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] **SIGNATURE REQUIRED** Date: 12/30/03
REGISTERED AGENT MUST SIGN

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	PHILLIPS, JOHN D	1821 E. BRAINERD STREET	PENSACOLA FL 32503
MGRM	MILLER, CLAY	401 N. TARRAGONA ST.	PENSACOLA FL 32501
MGRM	MARTIN, JAMES E JR	102 S. TARRAGONA ST.	PENSACOLA FL 32501

REINSTATEMENT 2003

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] **SIGNATURE REQUIRED** Date: 12/30/03 Daytime Phone #: 880 478 0260
Typed or printed name of signing Managing Member/Manager