

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

2004 APR -5 AM 11:13

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000033351

Name and Mailing Address

0017526 01 FP 0.352 \*\*PRSRT T4 0 0615 33405

MM FAMILY VENTURES, LLC  
201 AVIL A ROAD  
WEST PALM BEACH FL 33405

000025629320  
01/21/04--01034--021 \*\*50.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/12/2002	
Principal Place of Business 201 AVIL A ROAD WEST PALM BEACH FL 33405	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent VASTOLA, GAIL 201 AVIL A ROAD WEST PALM BEACH FL 33405		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			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
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>Gail Vastola</i>		Date <i>1-9-04</i>	
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
Dir. CEO Pres	Gail Vastola	201 Avila Road W	West Palm Beach, FL 33405
		000025629320 12/19/03--01025--003 **150.00	
REINSTATEMENT 2003-2004			

12. I certify that I am managing member/manager of 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 person in this position 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

REGISTERED AGENT MUST SIGN

Date *2-19-04* Daytime Phone # *561-547-4734*

Typed or printed name of signing Managing Member/Manager