

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED

99 DEC 22 PM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000700

**1. Limited Liability Company's Name**

MME AND ASSOCIATES, L.C.  
P.O. Box 411  
VIENNA, VA 22183

**2. Principal Office Address**

607 W. HORATIO ST

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33606

Country

**3. Mailing Office Address**

P.O. Box 411

Suite, Apt. #, etc.

City & State

Vienna, VA

Zip

22183

Country

USA

**4. State/Country of Formation**

FL

**5. Date Organized or Qualified  
To Do Business in Florida**

12/19/1994

**6. FEI Number**

59-3285572

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**

Name

JAMES P. KNOX, Esq.

Street Address (P.O. Box Number is Not Acceptable)

607 W. HORATIO STREET

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33606

**9. 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

James P. Knox

Date

12/17/99

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	TAPP, ROBERT T.	607 W. HORATIO ST	TAMPA, FL
MEM	TAPP, KATHERINE M.	607 W. HORATIO ST	TAMPA, FL

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-01/05/00--01005--014

\*\*\*\*155.00 \*\*\*\*155.00

**11. 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

Robert T. Tapp

Date 12/12/99

Daytime Phone # 703-629-2426

Typed or printed name of signing Managing Member/Manager

Robert T. TAPP

CR2E041 (9/99)