

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 26 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M90298

1. Corporation Name

M. & M.C. ASSOCIATES, INC.

12401 SW 12 Street
Davie, FL 33325

2. Principal Office Address
12401 SW 12 Street

3. Mailing Office Address
12401 SW 12 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Davie, FL

City & State
Davie, FL

Zip
33325

Country
Broward

Zip
33325

Country
Broward

4. Date Incorporated or Qualified
To Do Business in Florida 07/14/1988

5. FEI Number
650061032

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Michel Ratte

Street Address (P.O. Box Number is Not Acceptable)
12401 SW 12 Street

Suite, Apt. #, Etc.

City
Davie

State
FL

Zip Code
33325

700047930587
03/08/05 01026 010 ***8.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Michel Ratte

REGISTERED AGENT MUST SIGN

Date 1/27/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Michel Ratte	12401 SW 12 Street	Davie, FL 33325
D	Marleyne Ratte	12401 SW 12 Street	Davie, FL 33325

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Michel Ratte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05

Date

Daytime Phone #

CR2001 (01/04)