PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC -6 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/06/02--01082--006 **236.25
REINSTATEMENT 02

DOCUMENT # N93000005267

1. Corporation Name

MIAMI MAINTENANCE MANAGEMENT COUNCIL, INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 15861 HUNTRIDGE ROAD | P. O. BOX 660587 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: DAVIE, FL | City & State: MIAMI SPRINGS FL |
| Zip: 33331-2559 Country: US | Zip: 33266-0587 Country: US |

4. Date Incorporated or Qualified To Do Business in Florida: 11/22/1993

5. FEI Number: 65-0572147 ☐ 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: ZALL, MICHAEL

Street Address (P.O. Box Number is Not Acceptable): 15861 HUNTRIDGE ROAD

Suite, Apt. #, Etc.:

City: DAVIE State: FL Zip Code: 33331-2559

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: _____ Date: DECEMBER 03, 2002
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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 |
|---|---|---|---|
| P | ZAPPIA, JOHN | 1150 LEE WAGENER BLVD. | FORT LAUDERDALE / FL / 33315 |
| S | VARGO, BILL | 950 S.E. 12 STREET | MIAMI / FL / 33010 |
| T | ZALL, MICHAEL | 15861 HUNTRIDGE ROAD | DAVIE / FL / 33331 |
| D | HOLLAND, SUSIE D | 7200 N. W. 19TH STREET | MIAMI / FL / 33126 |
| D | DOYLE, DENNIS | 8081 N. W. 31 STREET | MIAMI / FL / 33152 |
| D | MOHLER, GARY | 3727 NW 41ST STREET | MIAMI / FL / 33142 |

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: _____ MICHAEL ZALL 12/03/2002 954-434-8649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #