

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JAN 25 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004402

1. Corporation Name

Mommies Making Magic  
International, Inc.

300003623923--1

-02/02/01--01021--015

\*\*\*\*367.50 \*\*\*\*367.50

2. Principal Office Address

16039 SW 155<sup>th</sup> Ct

Suite, Apt. #, etc.

NA

City & State

Miami, FL

Zip

33187

Country

U.S.A.

3. Mailing Office Address

16039 SW 155<sup>th</sup> Ct

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33187

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

7/30/1998

5. FEI Number

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

Myshjua Archibald

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

16039 S.W. 155<sup>th</sup> Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33187

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

Myshjua Archibald

REGISTERED AGENT MUST SIGN

Date

1/20/01

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
d/d	Myshjua Archibald	16039 SW 155 <sup>th</sup> Ct	Miami, FL 33187
D	Kahahn Allen	3721 Logat St.	Miami, FL 33133
D	Cedella Marley	12501 Crescent Way	Miami, FL 33176
D	Kenroy Archibald	16039 SW 155 <sup>th</sup> Ct	Miami, FL 33187
D	Stephanie Marley	12501 Crescent Way	Miami, FL 33176
D	Rita Marley	12501 Crescent Way	Miami, FL 33176

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:

Myshjua Archibald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/01

Daytime Phone #

305 234 5883