## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** RÉINSTATEMENT FILED P00000013763 **DOCUMENT #** 01 OCT 22 PM 5: 17 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA M&M WHITE INVENTORY SERVICES INC. Mailing Address Principal Place of Business 6439-LAURELWOOD DRIVE 6433 LAURELWOOD DRIVE ZEPHYRHILLS FL 33541-4870 ZEPHYRHILLS FL 3394174870 If above addresses are incorrect in any way, line through incorrect information and enter correction belo 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida: 02/03/2000 Suite, Apt. #, etc. 5 FEI Number 14731 SW 265T Applied For 65.0468017 Not Applicable \$8.75 Additional Fee required for a Certificate of Status BROWARY CERTIFICATE OF STATUS DESIRED BROWARD 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) PD MARCHESE, RICHARD 6433 LAURELWOOD DRIVE ZEPHYRHILLS FL 33541 VD MCLAUGHLIN, REBECCA 🛵 🤘 6433 LAURELWOOD DRIVE ZEPHYRHILLS FL 33541 500004679555---11/15/01--01002--011 \*\*\*\*150.00 \*\*\*\*150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent RICHARD MARCHESE MARCHESE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 6433 LAURELWOOD DRIVE 14781 SW 26 57 Suite, Apt. #, Etc. ZEPHYRHILLS FL 33541-4870 DAVIE 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered A REGISTERED AGENT MUST SIGN 11. I certify that I em an officer or director or the receive or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 ame legal effect as if made under oath. SIGNATURE: XSIG 10/16/01

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

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W.I.S. # 116

## S ervice of florida inc. -

A DIVISION OF M & M ENTERPRISES

16 October 2001

Florida Department of State **Division of Corporations** 

To Whom It May Concern,

We never received the corporation annual report to file for this year. We have moved our office to Davie, Florida and received the notice of Administrative Dissolution or Revocation notice yesterday. Enclosed is the front of the envelope with the correct mailing address. I hope this will clear up any problems.

Sincerely,

Rebecca McLaughlin
Vice Prosid

Vice President