

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 1.571

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

6204200009944

04 APR 21 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000028367

1. Corporation Name

MMN PROCESSING CORPORATION

500030066945
04/23/04--01023--003 **150.00

2. Principal Office Address

7803 LEIGHTON CIRCLE

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY

Zip

34654

Country

PASCO

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

3/21/00

5. FEI Number

59-3633420

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00-04

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

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

343 ALMERIA AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code

33134

500030066945
03/09/04--01038--022 **1050.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/18/2002

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
PRES	DIANA MONIS	7803 LEIGHTON CIRCLE	NPR, FL 34654

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: x

[Signature: Diana Monis]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/2002 727-859-9356

Date

Daytime Phone #

CR2E081 (9/01)

2