

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065689

1. Corporation Name

MAM OF VOLUSIA COUNTY, INC.

Principal Place of Business

315 WEST PENNSYLVANIA AVE.
DELAND FL 32720

Mailing Address

PO BOX 9791
DAYTONA BEACH FL 32120

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 1993

Deland, FL

32720

REINSTATEMENT 03

4. Date of Filing or Qualification
To Do Business in Florida

07/05/2000

5. FEI Number

59-3655469

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	QADIR, AMIR	315 WEST PENNSYLVANIA AVE.	DELAND FL 32720
D	AZAM, MOHAMMED M	315 WEST PENNSYLVANIA AVE.	DELAND FL 32720
D	TURNER, DAVID	1229 PROVIDENCE BLVD. SUITE G	DELTONA FL 32725

400024568004
11/10/03--01085--001 **150.00

8. Name and Address of Current Registered Agent

QADIR, AMIR
315 WEST PENNSYLVANIA AVE.
DELAND FL 32720

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/4/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/03

CR2040 (7/03)

MAM of Volusia County, Inc.
PO Box 1993
Deland, FL 32720
386 748-3363

November 4, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Document # P00000065689

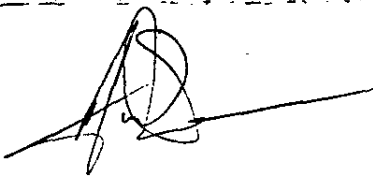
To Whom It May Concern:

Enclosed, are "Notice of Administrative Dissolution or Revocation" that we recently received, and a check for \$150.

I have been out of the country for an extended period of time due to a terminal illness in my family. Please accept my apologies for not being able to take care of this matter earlier. The business is struggling to survive and the late charge will be a near impossible burden for us to have to pay. We therefore respectfully request that you will accept the \$150 payment and not impose the additional fees, so that we can stay in business.

Please, also note that our mail address has changed.

Thank you for your kind consideration.

A handwritten signature in black ink, appearing to be 'Amir Qadir', with a long horizontal line extending to the right.

Amir Qadir.
President.