

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR -8 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 800 000 113 499

1. Corporation Name

M+M PROPERTIES, INC

W06-54695

2. Principal Office Address

2600 CONE LAKE DR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

New Smyrna Bch FL

City & State

Zip

32168

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-6-2000

5. FEI Number

593704921

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 05-07
CR2E081 (12/05) WAP

7. Name and Address of Current Registered Agent

Name

Angelo Saccente

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

2600 CONE LAKE DR.

Suite, Apt. #, Etc.

New Smyrna Bch.

City

200081895482

03/20/07--01016--007 **150.00

State
FL

Zip Code

32168

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

11-13-06

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	Angelo Saccente	2600 CONE LAKE DR	NEW Smyrna Bch FL 32168
VP	JACQUE SACCENTE	2600 CONE LAKE DR	NEW Smyrna Bch FL 32168

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-13-06

Daytime Phone #

2022

November 14, 2006

***Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314***

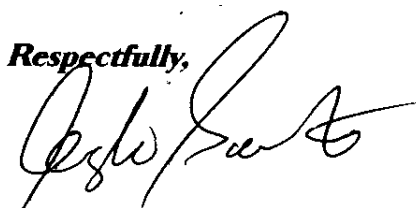
To whom it may concern:

Enclosed please find my application to re-instate M&M Properties.

Also enclosed is a copy from the on-line inquiry as to why I did not receive the post card to renew. You will see that the address listed is incorrect. I am requesting that the address be corrected and to please waive the re-instate fee as this would cause a hardship to my business.

Thank you for your consideration.

Respectfully,



Angelo Saccente