PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 UBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 31 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086633

1. Corporation Name

M&M ICE CREAM XI, INC.

Principal Place of Business	Mailing Address
~~755 ISLAND WAY~~ ~~CLEARWATER FL 33767~~ 132 10th Ave N. #103 Safety Harbor, FL 34695	~~755 ISLAND WAY~~ ~~CLEARWATER FL 33767~~ SAME

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
132 10th Ave N	132 10th Ave N
Suite, Apt. #, etc. #103	Suite, Apt. #, etc. #103
City & State Safety Harbor FL	City & State Safety Harbor FL
Zip 34695 Country USA	Zip 34695 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/04/2001

5. FEI Number 59-3751242 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	Francis Manella	132 10th Ave N #103	Safety Harbor, FL 34695

800008725338
10/31/02--01049--019 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEON, ANTHONY T 45 CENTRAL CT TARPON SPRINGS FL 34689	Name: Francis Manella Street Address (P.O. Box Number is Not Acceptable): 132 10th Ave N Suite, Apt. #, Etc.: 103 City: Safety Harbor State: FL Zip Code: 34695

CR2E040 (8/02)

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 SIGNATURE REQUIRED Date 10/28/02
REGISTERED AGENT MUST SIGN

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 REQUIRED 10/28/02 727-724-3989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M&M Ice Cream XI Inc
132 10th Ave N. STE 103
Safety Harbor, FL 34695
(727) 724-3989
Fax: (727) 725-3780

October 28, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: P01000086633

To Whom It May Concern:

This letter is to request a waiver of the reinstatement fee for the above referenced corporation. For whatever reason, this office never received the previous notices. Please note our change of address for our office as well as a change of our registered agent.

Thank you in advance for your consideration.

Sincerely,

Francis Manella
President