

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

DOCUMENT # **P01000111877**

02 NOV -7 PM 1:47

1. Corporation Name

**MMI DEVELOPMENT, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~901 E. PINE ST., STE. 1400~~  
~~ORLANDO FL 32801~~

~~901 E. PINE ST., STE. 1400~~  
~~ORLANDO FL 32801~~



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable  
**1600 Pine Bluff Ave.**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**1600 Pine Bluff Ave.**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida  
**11/26/2001**

City & State  
**Orlando FL**  
Zip **32806** Country **USA**

City & State  
**Orlando FL**  
Zip **32806** Country **USA**

5. FEI Number  
**58-2663769**  
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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WRIGHT, MICHAEL E	<del>301 E. PINE ST., STE. 1400</del> <b>1600 Pine Bluff Ave.</b>	<del>ORLANDO FL 32801</del> <b>32806</b>
D	WRIGHT, MARIANNE K	<del>301 E. PINE ST., STE. 1400</del> <b>1600 Pine Bluff Ave.</b>	<del>ORLANDO FL 32801</del> <b>32806</b>

300008871713  
11/07/02--01065--004 #\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WRIGHT, MICHAEL E  
~~901 E. PINE ST., STE. 1400~~  
~~ORLANDO FL 32801~~

Name **same**  
Street Address (P.O. Box Number is Not Acceptable)  
**1600 Pine Bluff Ave.**  
Suite, Apt. #, Etc.  
City **Orlando** State **FL** Zip Code **32806**

CR20040 (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 **11/5/02**

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**

**11/5/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #