

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 29 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PO1000117692

1. Corporation Name

MDM ORLANDO, INC.

2. Principal Office Address

5036 W. COLONIAL DR

Suite, Apt. #, etc.

3. Mailing Office Address

7887 ST. GILES PL

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32808

Country

USA

Zip

32835

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/01

5. FEI Number

04-3614268

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WALTER R. MOON, P.A.

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

200 N. PRIMROSE DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

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

Monica Phu

REGISTERED AGENT MUST SIGN

Date

4/21/03

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 |
|--------|--------------------------------------|---|--------------------|
| PV/S/T | MONICA PHU | 918 MAPLE FOREST DR | ORLANDO, FL 32825 |
| | | | |
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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:

Monica Phu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/03

Daytime Phone #

407-298-0150

CR2E081 (10/02)

MDM ORLANDO, INC.
WESTSIDE CLEANERS
5036 West Colonial Drive
Orlando, FL 32808
Phone: (407) 298-0150

May 23, 2003

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

Ref. #: P01000117642

I spoke with Michelle in your department and was advised to pay \$150.00. This is for the remaining balance of the reinstatement fee due to the documents being undelivered. You should now have the correct business address as 5036 W. Colonial Dr., Orlando, FL 32808.

I have enclosed the documentations you sent back to me and the check for \$150.00. If you have any questions, you can reach me at (407) 298-0150.

Sincerely,

A handwritten signature in cursive script, appearing to read "Monica Phu".

Monica Phu
President