

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAR 22 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000042399

**1. Corporation Name**

M&M IMPORT AUTOS, INC.

REINSTATEMENT 03-04

**2. Principal Office Address**

3120 W. 23rd STREET

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

Zip

32405-1842

Country

USA

**3. Mailing Office Address**

3120 W. 23rd STREET

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

Zip

32405-1542

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 04/11/02

**5. FEI Number**

02-0585678

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

MOFEED ATTALLA

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

339 S MacARTHUR AVENUE

700030946987

03/23/04--01105--009 \*\*300.00

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32401

**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

REGISTERED AGENT MUST SIGN

Date 3-16-04

**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
PSTD	MOFEED ATTALLA	339 S MacARTHUR AVENUE	PANAMA CITY, FL 32401

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-04

Date

Daytime Phone #

CP2E081 (01/04)

March 15, 2004

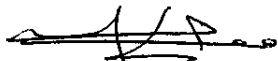
Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: M&M Import Autos, Inc.

Dear Sir or Madame:

During the year of 2003 we did not receive a UBR for the above corporation. After finding out that the corporation was involuntarily dissolved we are filing for reinstatement. Because we did not receive a UBR we ask that any penalty be waived. Enclosed is a check in the amount of \$300.00 for the 2003 and 2004 filing fees.

Thank you for your help and consideration in this matter.



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Mofeed Attalla, President  
M&M Import Autos, Inc.