

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000056543

**1. Corporation Name**

MM ENTERPRISES OF BREVARD INC.

**2. Principal Office Address**

669 S. Hedgecock Square

**3. Mailing Office Address**

669 S. Hedgecock Square

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Satellite Beach, FL

City & State

Satellite Beach, FL

Zip

32937

Country

USA

Zip

32937

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/21/2002

**5. FEI Number**

030448711

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

Brenda J. Denton

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

668 S. Hedgecock Square

Suite, Apt. #, Etc.

City

Satellite Beach

State  
FL

Zip Code

32937

**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

*Brenda J. Denton*

REGISTERED AGENT MUST SIGN

Date

10/17/05

**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
PS	Brenda J. Denton	669. S. Hedgecock Square	Satellite Beach, FL 32937

**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

*Brenda J. Denton*

President

Date

10/17/05

Daytime Phone #

FILED  
OCT 20 PM 2:12  
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-05

T. Roberts OCT 25 2005  
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10/20/05--01041--024 \*\*908.75  
CR2E081 (8/05)

FILED  
OCT 20 PM 2:12  
TALLAHASSEE, FLORIDA