

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000056543

1. Corporation Name

MM Enterprises of Brevard, Inc.

2. Principal Office Address - No P.O. Box #

132 Tomahawk Dr.

Suite, Apt. #, etc.

A

City & State

Indian Harbour Beach, FL

Zip

32937

Country

USA

3. Mailing Office Address

132 Tomahawk Dr.

Suite, Apt. #, etc.

A

City & State

Indian Harbour Beach, FL

Zip

32937

Country

USA

7. Name and Address of Current Registered Agent

Name

Brenda Joy Denton

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

132 Tomahawk Dr.

Suite, Apt. #, Etc.

A

City

Indian Harbour 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 Joy Denton
REGISTERED AGENT MUST SIGN

Date **2-3-2010**

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 |
|--------|--------------------------------------|---|---------------------------|
| Pres. | Brenda Joy Denton | 669 S. Hedgecock Sq. | Satellite Beach, FL 32937 |
| | | | |
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10. E-mail Address: denton81@msn.com

(To be used for future annual report notification)

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. I further certify, 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 Joy Denton

Brenda Joy Denton

02-03-2010 321-777-4263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
10 FEB -8 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400168258344
02/09/10-01004-D01 ***450.00
REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida **2002**

5. FEI Number
03-044-8711

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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