

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB -1 PM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000063278

**1. Corporation Name**

M & M ENTERPRISES OF COLLIER COUNTY, INC.

**2. Principal Office Address**

2727 BAY SHORE DRIVE

**3. Mailing Office Address**

2727 BAY SHORE DRIVE

Suite, Apt. #, etc.

UNIT 110

Suite, Apt. #, etc.

UNIT 110

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34112

Country

USA

Zip

34112

Country

USA

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

06/07/2002

**5. FEI Number**

13-4225734

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-05**  
WOP

**7. Name and Address of Current Registered Agent**

Name

MORISMA, DANIEL

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

2727 BAY SHORE DRIVE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34112

**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

Date 01-31-2005

REGISTERED AGENT MUST SIGN

**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
PTD	MORISMA, DANIEL	2727 BAY SHORE DRIVE-UNIT 110	NAPLES, FL 34112
VSD	MORISMA, GUSLAINE	2727 BAY SHORE DRIVE-UNIT 110	NAPLES, FL 34112

200046661762  
02/16/05--01001--019 \*\*450.00

**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:**

01-31-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

2022

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

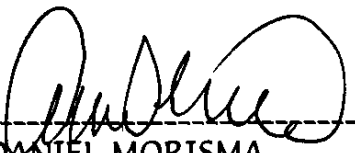
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEAR OF 2003 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

  
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DANIEL MORISMA  
PRESIDENT