

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 10:29

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

600023747206
 10/13/03--01054--013 **558.75



REINSTATEMENT 03

DOCUMENT # P02000088618

1. Corporation Name

M&M REALTY TRUST, INC.

Principal Place of Business

Mailing Address

402 NEEDLES DR
 PORT ORANGE FL 32127

402 NEEDLES DR
 PORT ORANGE FL 32127

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/14/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee Required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BRODEUR, MAURICE R SR	402 NEEDLES DR	PORT ORANGE FL 32127
<p>600023747206 10/22/03--01066--014 **191.75</p> <p><i>Some at office told me to pay 558.75 only thank you</i></p>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRODEUR, MAURICE R SR
 402 NEEDLES DR
 PORT ORANGE FL 32127

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Maurice R Brodeur

Date

10-9-03

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 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:

Maurice R Brodeur

Date

10-9-03

Daytime Phone #

CR2E040 (7/03)