

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 15 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 002000089626

**1. Corporation Name**

MULTI MEDIA IT CONSULTING, INC.

**2. Principal Office Address**

10195 SW 156 AVENUE

Suite, Apt. #, etc.

**3. Mailing Office Address**

10195 SW 156 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33196

Country

USA

Zip

33196

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 08/19/2002

**5. FEI Number**

41-2055777

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

JOSEPH E. SROUR

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

10195 SW 156 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

300032755073

04/14/04-01053-014 \*\*300.00

**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

*Joseph E. Sroure*  
REGISTERED AGENT MUST SIGN

Date

4/10/04

**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
PRES	JOSEPH E. SROUR	10195 SW 156 AVENUE	MIAMI, FL 33196

**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:**

*Joseph E. Sroure*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/04

Daytime Phone #

305-382-0303

4/10/04

Dear Mom/Sir,

Included are the forms (signed and dated) that you have sent to me along with a copy of the letter that I had mailed to you with a check for \$300 to cover last year's and this year's dues.

Again, I like to remind you, I did not receive a reminder form or notice asking me to file, pay dues etc this past year!!!

I was only recently directed by my accountant to contact you and to make payments for both last year and this current year.

So, please consider this letter when you evaluate this situation. I did not deliberately elect to ignore paying any or all state fees, I simply was not notified at all.

Included is the original check that I mailed you back in 3/09/04. It should cover the fees for last year and 2004.

Regards

JOSEPH E. SPAN-

3/09/04

Dear Mom, Sir,

I did not receive an original notice of  
renewal.

I included in a check for \$150 for year 2003  
and \$150 for year 2004.

Thank you.

Sincerely,

Josh Allen