

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 24 AM 7:20

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06/08/04--01001--010 \*\*308.75

DOCUMENT # 802000108610

**1. Corporation Name**

M & M Service Associates, Inc  
150 NW 96 Ave.

**2. Principal Office Address**

150 NW 96 Ave.

**3. Mailing Office Address**

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Zip

33024

Country

USA

Zip

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 10/8/2002

**5. FEI Number**

75-3084075

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

Maria Corona

Street Address (P.O. Box Number is Not Acceptable)  
150 NW 96 Ave.

Suite, Apt. #, Etc.  
102

City

Pembroke Pines

State  
FL

Zip Code  
33024

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 6/2/2004

**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
Director	Maria Corona	150 NW 96 Ave. # 102	Pembroke Pines FL, 33024
Director	Miguel Navas	150 NW 96 Ave. # 102	Pembroke Pines FL, 33024

**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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/2004

Date

954-885-0731

Daytime Phone #

CR2E081 (01/04)

*Parce*

Wednesday, June 02, 2004

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, FL 32314

**TO WHOM IT MAY CONCERN**

Dear Sir/Madam:

I hope everything is well at your end. I have been notified by my accountant that there is a fee I had to pay to the State of Florida for the amount of \$900.00 corresponding to the 2003 renewal.

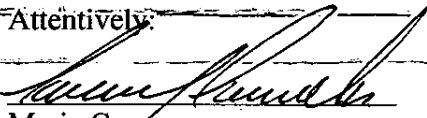
The company was new at that time, and I was not aware because neither I never received a notification, nor a renewal form, therefore I kindly ask you to waive this fee and accept the enclosed amount of \$300.00 corresponding to years 2003 and 2004; I also want to request to send futures renewal forms to the following address:

**M&M Services Associates INC.  
150 NW 96 Ave. Apt #103  
Pembroke Pines, FL 33024.**

I appreciate your prompt cooperation in this matter and please send me certificate of status by mail or fax; thank you in advance.

Should I be of further assistance, please do not hesitate to contact me.

Attentively:

  
Maria Corona  
Director  
M&M Services Associates INC.  
954-885-0731  
Fax: 954-436-6040