

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 DEC -1 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000128700**

1. Corporation Name

M & M TEXACO, INC.

Principal Place of Business

1 NORTH FEDERAL HWY
POMPANO BEACH FL 33061

Mailing Address

1 NORTH FEDERAL HWY
POMPANO BEACH FL 33061

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/2002

5. FEI Number

14-189934

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

07

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
DP	MODY, MEENA	1 NORTH FEDERAL HWY	POMPANO BEACH FL 33061
V	MODY, DEEPAK	1 NORTH FEDERAL HWY	POMPANO BEACH FL 33061
S	CAZZALINO, CARMINE	1 NORTH FEDERAL HWY	POMPANO BEACH FL 33061

200024726502
11/17/03--01012--014 **750.00

8. Name and Address of Current Registered Agent

FREEDMAN & MCCLOSKEY, P.A.
ONE EAST BROWARD BLVD STE 700
FT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

MEENA MODY

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

6710 N.E. 20TH TER

Suite, Apt. #, Etc.

City

FT. LAUD

State

FL

Zip Code

33308

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/9/03

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/03

Date

954-942-2195

Daytime Phone #

CR2E040 (7/03)