## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000093480

Name:

Address: City-St-Zip: CARTER, DANIEL

46 TERRY LANE

CRAWFORDVILLE, FL 32327

Entity Name: MMS ENTERPRISES, INC. OF CRAWFORDVILLE

FILED Oct 10, 2005 Secretary of State

Littly Na	IIIE. IVIIVIO EIV	TERFRISES, INC. OF C	CRAVII ORDVILLE		
Current P	rincipal Place	e of Business:	New Principal Pl	New Principal Place of Business:	
	T WOOD LAN RDVILLE, FL				
Current N	lailing Addres	ss:	New Mailing Add	New Mailing Address:	
	T WOOD LAN RDVILLE, FL				
FEI Number	: 20-0410244	FEI Number Applied For	( ) FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Ag	ent: Name and Addre	Name and Address of New Registered Agent:	
CRAWFO The above in the State	T WOOD LAN RDVILLE, FL	32327 US submits this statement f	or the purpose of changing its regis	tered office or registered agent, or both,	
	Electro	nic Signature of Registe	red Agent	Date	
Election Car		g Trust Fund Contribution (	` '	INGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CRUM, JOHNN 71 PIGOTT WO		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CARTER, DAN 71 PIGOTT WO		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D (	) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHNNY CRUM PRES 10/10/2005