


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 JAN -7 AM 7:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000093480</b> 1. Entity Name <b>MMS ENTERPRISES, INC. OF CRAWFORDVILLE</b>	
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Principal Place of Business <b>71 PIGOTT WOOD LANE CRAWFORDVILLE, FL 32327</b>	Mailing Address <b>71 PIGOTT WOOD LANE CRAWFORDVILLE, FL 32327</b>
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2. Principal Place of Business - No P.O. Box # <b>95 PIGOTT POND RD.</b> Suite, Apt. #, etc.	3. Mailing Address <b>95 PIGOTT POND RD.</b> Suite, Apt. #, etc.
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01062009 REIN-P CR2E098 (1/07)

City & State <b>CRAWFORDVILLE, FL. 32327</b>	City & State <b>CRAWFORDVILLE, FL. 32327</b>
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Zip <b>32327</b>	Country <b>USA</b>	Zip <b>32327</b>	Country <b>USA</b>
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4. FEI Number <b>20-0410244</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>CRUM, JOHN 71 PIGOTT WOOD LANE CRAWFORDVILLE, FL 32327</b>	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE: 1-7-09 DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR