PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # POS DODOO 7778 1. Corporation Name M. M. A. HOMES INC WD7-W8330 2. Principal Office Androses. No P.O. Bo. II J. SEGO. 38 WELLINGTON RALE Suite. April 1. de. WD7-W8330 TO & Suite. April 1. de. WD7-W8330 TO & Business Androses. NO P.O. Bo. II J. Dele Incorporated or Qualified 4. Date Incorporated or Qualified To de Quarters on Places Only & Stota VELLINGTON FL TO & Business Androses. To Response of Places To Country TO Bo. Number as Not Accepted by The constatement tes suits of Country TO Stota Androses of Country TO Boundary of Country TO Boundary of Country TO Boundary of Country TO Boundary of Country To Cou	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	07 OCT 26 AM 9: 56	
2. Principal Office Address - No P.O. Box # 1. Making Office Address (Same) 13. 860 - 3.8 Wellington Trace Suite, Apt. #. doc. 13. 4. Date Incorporated or Qualified To Oo Business in Procise Ocy & State Wellington File Cry & State Country Country Country To Oo Business in Procise Ocentry Los S. Fell Number To Oo Business in Procise Ocentry Los S. Applied For Country For Country To Country To Replace For Country To Replace For Country To Country	1. Corporation Name		ALL AMASSEE, FLORIDA	
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Suite, Apt. # etc. ## 133 City & State Well INGTON FI Zio Country Zio Country Zio Country Zio Country Zio Country Zio Country There and Address of Current Registered Agent Name Allos A. Venagas ALFARO Street Address of Both Officer and/or Director (Florida nonprofit corporations must list at less 13 defectors) Name and Address of Gand Officer and/or Director (Florida nonprofit corporations must list at less 13 defectors) Signature of Officers and/or Director (Florida nonprofit corporations must list at less 13 defectors) Titles Carlos A. Venagas Alfaro (Florida nonprofit corporations must list at less 13 defectors) P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at less 13 defectors) Titles Carlos A. Venagas Alfaro (Florida nonprofit corporations must list at less 13 defectors) P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at less 13 defectors) Titles Carlos A. Venagas Alfaro (Florida nonprofit corporations must list at less 13 defectors) Titles Officers and/or Directors Alfaro (Florida nonprofit corporations must list at less 13 defectors) Titles Officers and/or Director (Florida nonprofit corporations must list at less 13 defectors) Titles Officers and/or Director (Florida nonprofit corporations must list at less 13 defectors) Titles Officers and/or Director (Florida nonprofit corporations must list at less 13 defectors) Titles Officers and/or Director (Florida nonprofit corporations must list at less 13 defectors) Titles Officers and/or Director (Florida nonprofit corporations must list at less 13 defectors) Titles Officers and/or Director (Florida nonprofit corporations must list at less 13 defectors) Titles (Florida nonprofit corporations must list at less 13 defectors) Titles (Florida nonprofit corporations must list at less 13 defectors) Titles (Florida nonprofit corporations must list at less 13 defectors) Titles (Florida nonprofit corporations		W07-48336		
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33414 Country To Name and Address of Current Registered Agent Name CARLES A. Venegas ALFARO Street Address (P.O. Box Number is Not Acceptified) 138 Bo - 38 Welling Town Trace Suite, N. Fi. Etc. ## 133 City Clay FL 33414 Sinte Zip Code FL 33414 Singulare of Merces and For Prectors of Singular and For Prectors Singulare of Officers and for Directors Files Officers and for Directors City / State / 20 City / State		City & State	5. FEI Number Applied For	
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Registered Agent **REGISTER**PD AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles **Officers and/or Directors** **Street Address of Each Officer and/or Director (Plorida nonprofit Corporations must list at least 3 directors) **Carklos A Venegus Alfaro 38 Welling North TRACE **Prancisco Rodriguez** **Prancisco Rodriguez** **124 Cay: Costa Ct. Royal Palin Beach **El 334// **Total 1995 1231 **39.75 **308.75 **308.75 **10.1 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate names satisfies the requirements of section 607.0401, F.S., that all tees owed by the corporation have been paid any fine names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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.				
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SIGNATURE: 9/21/37 335-878-9489 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	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 contained in Chapter 119, 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.			