

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 NOV -9 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P06000046511**

1. Corporation Name

M & M Consulting Services, Inc

800187593758

11/09/10--01033--011 \*\*750.00

**REINSTATEMENT ID**

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

5102 SW 157th Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33185

Country

USA

3. Mailing Office Address

5102 SW 157th Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33185

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 3/30/2006

5. FEI Number

20-4627184

☐ 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

Miguel Perez-Marante

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

5102 SW 157th Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33185

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

(Date 11-1-11)

REGISTERED AGENT MUST SIGN

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
D	Miguel Perez-Marante	5102 SW 157th Court	Miami, FL 33185

10. E-mail Address: MPMARANTE@AMK9.COM

(To be used for future annual report notification)

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. I further certify, 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:

11-1-11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/10/11