

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000046546

1. Corporation Name

MICHAEL M ENTERPRISES CORP

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

3760 SW 149 Ter

Suite, Apt. #, etc.

3. Mailing Office Address

3760 SW 149 Ter

Suite, Apt. #, etc.

City & State

MIRAMAR FLORIDA

City & State

MIRAMAR FLORIDA

Zip

33027

Country

U.S.A

Zip

33027

Country

U.S.A

7. Name and Address of Current Registered Agent

Name

MICHAEL M PHILLIPS

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

3760 SW 149 Ter

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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

Michael

Date

10-22-08

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
P/D	MICHAEL M PHILLIPS	3760 SW 149 Ter	MIRAMAR FL 33027
VP	NELLIE LOUIS	3760 SW 149 Ter	MIRAMAR FL 33027

300137360139

10/28/08--01016--013 **308.75

10. 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 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.

SIGNATURE:

Michael

MICHAEL PHILLIPS

10-22-08

954-547-5130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
08 OCT 27 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

07-08

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

3-31-2006

5. FEI Number

20-4631135

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

10/27/08