

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000081481

1. Corporation Name

MMDs Enterprise INC

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

38911 Pretty Pond RD

Suite, Apt. #, etc.

City & State

Zephyrhills FL

Zip

33540

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

Milda Lawson

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

38911 Pretty Pond Road

Suite, Apt. #, Etc.

City

Zephyrhills

State  
FL

Zip Code  
33540

8. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1-18-10

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
OPR	Milda Lawson	38911 Pretty Pond Road	Zephyrhills FL 33540

X2/3

10. E-mail Address:

(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:

*[Signature]* Milda Lawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-18-10

Daytime Phone #

FILED

10 FEB -2 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400167768214  
02/02/10--01012--020 \*\*450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

7-17-07

5. FEI Number

02-0797322

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.

954 274-2981