

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2018 MAY 25 PM 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700312641567  
04/25/18--01022--004 \*\*750.00

CR2E081 (11/10)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PI1000036384**  
1. Corporation Name  
**MMK TRANSPORT CORP**

2. Principal Office Address - No P.O. Box # <b>3311 17th SW</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>3311 17th SW</b> Suite, Apt. #, etc.	
City & State <b>Lehigh Acres</b>		City & State <b>Lehigh Acres</b>	
Zip <b>33976</b>	Country <b>U.S</b>	Zip <b>33976</b>	Country <b>U.S</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>04/20/2018</b>	
5. FET Number <b>451593000</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

7. Name and Address of Current Registered Agent

NAME  
**Direct Solution Services LLC**  
Street Address (P.O. Box Number is NOT Acceptable)  
**1248 Viscaya Pkwy**  
Suite, Apt. #, Etc.  
**2B**

City  
**Cape Coral**

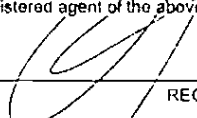
State  
**FL**

Zip Code  
**33990**

700312641567  
04/25/18--01033--005 \*\*500.00

700312641567  
05/25/18--01033--005 \*\*250.00


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 **4/21/18**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

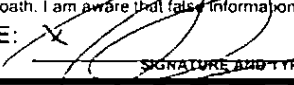
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Riveron, Mauricio J	3311 17th St SW	Lehigh Acres, FL 33976

**REINSTATEMENT** 

**2013-2018**

10. E-mail Address: **info@directsolution-services.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., and 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. I am aware that falsifying information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2018

MAURILIO RIVERON  
3311 17 ST SE  
LEHIGH ACRES, FL 33976

SUBJECT: MMK TRANSPORT CORP  
Ref. Number: P11000036384

We have received your document for MMK TRANSPORT CORP and your check(s) totaling \$750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please complete the reinstatement in its entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 218A00010066



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2018

MMK TRANSPORT CORP  
3311 17 ST SW  
LEHIGH ACRES, FL 33976

SUBJECT: MMK TRANSPORT CORP  
Ref. Number: P11000036384

We have received your document for MMK TRANSPORT CORP and your check(s) totaling \$750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$1500.00.

There is a balance due of \$750.00.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000090590 - MMK TRANSPORT LLC.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The annual report/reinstatement application must be signed by an officer or director of the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 018A00008746

RECEIVED  
18 MAY 14 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA