

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fr

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

~~Kathleen Harris~~
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 APR 29 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000007083**

1. Corporation Name

M & M FOOD BROKERAGE CO.

2. Principal Office Address

3010 SWANN AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33609

Country

USA

3. Mailing Office Address

2413 BAYSHORE BLVD #704

Suite, Apt. #, etc.

#704

City & State

TAMPA FL

Zip

33629

Country

USA

REINSTATEMENT

~~60094~~

4. Date Incorporated or Qualified
To Do Business in Florida

1-25-93

5. FEI Number

593164804

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

MANUEL MARTINEZ

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

2413 BAYSHORE BLVD

Suite, Apt. #, Etc.

#704

City

TAMPA

State

FL

Zip Code

33629

800034813408

04/30/04--01019--014 **758.75

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

MANUEL MARTINEZ

Date

4/27/04

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/T | MANUEL MARTINEZ | 2413 BAYSHORE BLVD #704 | TAMPA FL. 33629 |
| V/S | JOSSY M. MARTINEZ | 2413 BAYSHORE BLVD #704 | TAMPA FL. 33629 |
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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 under section 119.07(3)(i), 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

MANUEL MARTINEZ (P.)

4/27/04

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-250-0231

CR2E081 (8/07)

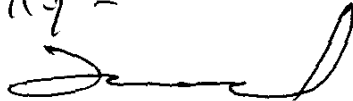
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TO: FLORIDA DEP OF STATE
DIVISION OF CORP.

HERE YOU WILL FIND A CHECK FOR REINSTATEMENT
PLUS \$8.75 FOR A CERTIFICATE.

I DID NOT RECEIVE YEAR 2000 NOTICE.

RESPECTFULLY -

A handwritten signature in black ink, appearing to read 'Manuel Martinez', with a stylized flourish at the end.

MANUEL MARTINEZ .