

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED

AND  
FILED

1997 SEP 15 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAAPPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 930000061292

1. Corporation Name

MMC Management, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2425 N.W. 33rd Avenue

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Miami, FL

City &amp; State

Zip

33142

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/1/93

5. FEI Number

65-0476073

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
1	2	3	4
P/D	Jose Alonzo Benitez	3290 N.W. South River Dr.	Miami, FL 33142
V/D	Luis Alonzo Morales	3290 N.W. South River Dr.	Miami, FL 33142
S	Carlos R. Oliver	3290 N.W. South River Dr.	Miami, FL 33142

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Andrew J. Nierenberg, Esq.

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

2601 South Bayshore Drive

Suite, Apt. #, Etc.

Terremark Centre, 19th Floor

City

Miami

State

FL

Zip Code

33133

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date September 10, 1997

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos R. Oliver, Secretary

September 10, 1997 (305)634-1733

Date

Daytime Phone #

CFR2040 (12/96)