

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 94-97  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 MAY 27 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075218

1. Corporation Name  
M & M Contractors, Inc  
2712 N. Ocean Dr. No. 3  
Hollywood, FL 33019

Principal Place of Business Mailing Address  
2712 N. Ocean Dr. No. 3  
Hollywood, FL 33019

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida November 1, 1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0458023	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
B	Michael Palmiello	2712 N. Ocean Dr. No. 3	Hollywood, FL 33019
			300002194933--1 05/29/97 01076 004 *****8.75 *****8.75

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O. Alan  
5/27/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Edward J. Jennings, Esq 200 SE 18th CT Ft. Lauderdale, FL 33023		Name 300002194933--1 Street Address (P.O. Box Number is Not Applicable) 05/29/97 01076 005 Suite, Apt. #, Etc. ***1245.00 ***1245.00 City State FL Zip Code	

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 *Edward J. Jennings* Date 5/23/97

REGISTERED AGENT MUST SIGN

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: *Michael Palmiello* 5, 23 97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
934-929-7427

CR2E040 (12/96)