

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 25 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P94000023067

1. Corporation Name

MME Holding Company

REINSTATEMENT 07-04

2. Principal Office Address

511 Ocampo Dr.

3. Mailing Office Address

511 Ocampo Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pacific Palisades, CA

City & State

Pacific Palisades, CA

Zip

Country

90272

Zip

Country

90272

4. Date Incorporated or Qualified
To Do Business in Florida

March 25, 1994

5. FEI Number

650533170

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

Cindy Nurik

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

9001 N. Lake Dasha Dr.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Cindy Nurik

REGISTERED AGENT MUST SIGN

Date

3/15/04

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
DPT	Cindy Nurik	9001 N. Lake Dasha Dr	Plantation, FL 33317
O	Marc S. Nurik	9001 N. Lake Dasha Dr	Plantation, FL 33317
D Sec	Lawrence Bracco	511 Ocampo Dr	Pacific Palisades, CA
D	Stephen Dekater	1205 O.B. Shaw Ave	Coral Gables, FL 33134

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:

Lawrence J. Bracco

LAWRENCE J. BRACCO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/04

Daytime Phone #

310-450-6530

CR2E081 (01/04)