

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 25 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA4000057556**

1. Corporation Name

M & M Enterprises of Morrison Inc.

400021789414
07/25/03--01061--020 **8.75

400021789414
07/25/03--01061--019 **1050.00

2. Principal Office Address

3430 SW 53rd St

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 3788

Suite, Apt. #, etc.

City & State

Ocala Florida

Zip

34474

Country

MARION

City & State

Belleview FL

Zip

34421

Country

MARION

**4. Date Incorporated or Qualified
To Do Business in Florida**

1994

5. FEI Number

59-3258579

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

Deborra Masciarelli

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

3430 SW 53rd St.

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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

Deborra Masciarelli

Date

7/18/03

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
Pres.	Wayne Masciarelli	3430 SW 53rd St	Ocala FL, 34474
V/Pres	Wayne Masciarelli	3430 SW 53rd St	Ocala FL, 34474

REINSTATEMENT

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/03

Date

352-266-7513

Daytime Phone #

CR2E081 (10/02)