

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -9 AM 8:28

DOCUMENT # P95000015425

1. Corporation Name

M & M LIMITED CORPORATION

2. Principal Office Address - No P.O. Box #

8680 W Flagler ST

Suite, Apt. #, etc.

MIAMI

City & State

Florida

Zip

33144

Country

USA

3. Mailing Office Address

8680 W Flagler ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33144

Country

USA

7. Name and Address of Current Registered Agent

Name

MARIO GUILLEN, JR

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

8680 W Flagler ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8-6-10

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 |
|--------------|--------------------------------------|---|-----------------------|
| <u>(PST)</u> | <u>MARIO GUILLEN</u> | <u>8680 W Flagler ST</u> | <u>MIAMI FL 33144</u> |
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10. E-mail Address: OILKING69@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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

8-6-10

Date

Daytime Phone #

3055252939

KS

400184169054
08/09/10--01057--015 **2708.75

REINSTATEMENT

97-10

4. Date Incorporated or Qualified
To Do Business in Florida

2-24-95

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status