

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 13 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000048071**

1. Corporation Name

MMC PROPERTIES, INC.

Principal Place of Business

12897 62ND STREET NORTH
LARGO FL 34643

Mailing Address

12897 62ND STREET NORTH
LARGO FL 34643

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



REINSTATEMENT **99**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/20/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3321637	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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	4 City / State / Zip
PD	MYERS, EUGENE M	12897 62ND STREET NORTH	LARGO FL 34643
PD	MYERS, EUGENE M	12897 62ND STREET NORTH	LARGO FL 34643
STD	COULOMBE, MARTIN	12897 62ND STREET NORTH	LARGO FL 34643
888883078228-8 -12/22/99--01071--017 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DOUGLASS, ROBERT A 8351 BLIND PASS ROAD ST. PETE BEACH FL 33706		Name Eugene M. Myers	
		Street Address (P.O. Box Number is Not Acceptable) 951 98th Ave N.	
		Suite, Apt. #, Etc.	
		City Seminole	
		State FL	
		Zip Code 33777	

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 Eugene M. Myers Date 12-1-99
REGISTERED AGENT MUST SIGN

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 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: Eugene M. Myers Date 12-1-99 (727) 391-5536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

KE