


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 13 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000048071			
1. Entity Name MMC PROPERTIES, INC.			
Principal Place of Business 12897 62ND STREET NORTH SAINT PETERSBURG, FL 33733		Mailing Address 12897 62ND STREET NORTH SAINT PETERSBURG, FL 33733	
2. Principal Place of Business 12897 62ND ST. N.		3. Mailing Address 12897 62ND ST. N.	
Suite, Apt. #, etc. LARGO, FL		Suite, Apt. #, etc. LARGO, FL	
City & State		City & State	
Zip 33773		Country FLORIDA	
4. FEI Number 59-3321637		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYERS, EUGENE M 9251 96TH AVE. N. SEMINOLE, FL 33777		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature typed or printed name of registered agent and be it specified (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, EUGENE M 12897 62ND STREET NORTH LARGO, FL 33773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COULOMBE, MARTIN 12897 62ND STREET NORTH LARGO, FL 33773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900043370609 12/13/04--01063--023 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption status in Section 19.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all persons empowered.			
SIGNATURE: _____		12-08-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	