PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 31 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000050140

1 Corporation Name

MAP MANAGEMENT, CORP.

Principal Place of Business: 7500 NW 1st CT. PLANTATION FL.

Mailing Address: APT. 409 33317

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

REINSTATEMENT 96

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable: 2011 SOUTH STATE RD 7
Suite, Apt #, etc
City & State: FT. LAUDERDALE FL
Zip: 33317 Country: USA

3 New Mailing Address, If Applicable: 2011 SOUTH STATE RD 7
Suite, Apt #, etc.
City & State: FT. LAUDERDALE FL
Zip: 33317 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: JUNE 27, 1995

5. FEI Number: 65-0590886 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	GIUSEPPE PERROTTI	2011 SOUTH STATE RD 7	FT. LAUDERDALE FL. 33317
SEC. TREAS.	SAME		
			800002045998--0 -01/03/97--01178--012 ****375.00 ****375.00
			JB 12-31-96

8. Name and Address of Current Registered Agent
JOE PERROTTI
7500 NW 1st CT. #409
PLANTATION FL.
33317

9. Name and Address of New Registered Agent
Name: GIUSEPPE PERROTTI
Street Address (P.O. Box Number is Not Acceptable): 2011 SOUTH STATE RD 7
Suite, Apt. #, Etc.
City: FT. LAUDERDALE State: FL Zip Code: 33317

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: _____ REGISTERED AGENT MUST SIGN Date 12-24-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: _____ GIUSEPPE PERROTTI 12-24-96 954-587-9323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/95)