PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
1997 NOV 12 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000089165**

1. Corporation Name

M & M FRESH JUICE, INC.

Principal Place of Business	Mailing Address
12909 ERYN BLVD. CLERMONT FL 34711	1006 HIGHWAY 27 SOUTH LEESBURG FL 34749

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1006 S. 14th ST.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc. —
LEE BURG FL.	City & State —
City & State 34748	Zip — Country —
Zip 34748 Country LAKE	

4. Date Incorporated or Qualified To Do Business in Florida: 11/20/1995

5. FEI Number: 59-3344439 ☐ 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
P VP	MARTIN, ROBERT L	4200 115TH SW ST	BUSHNELL FL 33013
[redacted]	[redacted]	[redacted]	[redacted]

700002347487--0
-11/14/97--01065--006
****165.00 ****165.00

8. Name and Address of Current Registered Agent

MARTIN, ARLENE B
1006 HIGHWAY 27 SOUTH
LEESBURG FL 34749

9. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable): —
Suite, Apt. #, Etc.: —
City: — State: FL Zip Code:

CR2E040 (8/97)

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: Arlene Martin — Date: 10-28-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on Intangible tax.)

12. 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: Robert L Martin — 10-28-97 — 352323-8819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

I RECIEVED YOUR LETTER WITH THE CERTIFIED ENVELOPE INSIDE INDICATING INCORRECT ADRESSES SENT TO US. I NOTIFIED SOMEONE AT YOUR OFFICE AND WAS TOLD OF HOW TO SEND A LETTER DESCRIBING WHY OUR CORPORATION PAPERS DID NOT GET TO US. I HAVE CORRECTED THE ADDRESSES AND SENT THE AMOUNT SPECIFIED BY YOUR EMPLOYEE. IT WAS SENT BACK AGAIN TO US BECAUSE I FORGOT TO SEND THE LETTER WITH IT. THIS TIME I AM AND EXPLAIN THAT THIS IS THE PROBLEM EVEN THOUGH IT

WAS SENT WITH CORRECT ADDRESS THIS TIME BECAUSE OF SENDING CORRECTED PAPERWORK WITHOUT LETTER. THIS SHOULD STRAIGHTEN PROBLEM OUT, I WAS LUCKY TO GET 1ST LETTER SINCE THE INSURANCE COMPANY WHO GOT MY MAIL FORWARDED IT TO ME, THIS HAS HAPPENED WITH MUCH OF OUR MAIL, IT WAS SINCE I SENT IT BACK ON OCT 28TH THAT YOU GOT MY ADDRESS TO SEND IT BACK TO ME THE 2ND TIME, IT SHOULD BE CORRECT NOW.

QUESTIONS PLEASE CALL
352 .323 8819

THANK YOU
RL MARTIN PRES,