

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 SEP -4 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


08/18/08 01075 002
\$450.00

RH

REINSTATEMENT

CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072682

1. Corporation Name
M.M. Ford Holdings, INC.
W08 — 38781

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Suite, Apt. #, etc. 235 NE 4th Ave Ste 101		Suite, Apt. #, etc. Suite 101	
City & State Delray Beach FL		City & State Delray Beach FL	
Zip 33483	Country U.S.	Zip 33483	Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida	08/30/1996
5. FFI Number	650697252
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ann L. Koplar

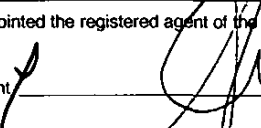
Street Address (P.O. Box Number is Not Acceptable): 235 N.E. 4th Ave Suite 101

City: Delray Beach

State: FL Zip Code: 33483

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0509, F.S.

Signature of Registered Agent:  Date: 8/7/08

REGISTERED AGENT MUST SIGN

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
D	Ann L. Koplar	235 N.E. 4th Ave Suite 101	Delray Beach FL 33483
PD	Mark Ford	235 N.E. 4th Ave Suite 101	Delray Beach FL 33483

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10. 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 contained in Chapter 119, 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: 