

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

10/2

98 DEC 21 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000101820

1. Corporation Name

MMWD, INC.

Principal Place of Business

P.O. BOX 193730  
SAN FRANCISCO CA 94119-3730

Mailing Address

P.O. BOX 193730  
SAN FRANCISCO CA 94119-3730

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1997

5. FEI Number

94-3260154

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ARKO, FRITZ	33 ESCALON DRIVE	MILL VALLEY CA 94941
DP	MAJUA, MARGARET	1150 ESTATES DRIVE	LAFAYETTE CA 94549
DV	MACINTOSH, DAVID	533 ZENITH RIDGE DR.	DANVILLE CA 94506
DS	HAGERMAN, DAVID	740 CASTRO STREET	SAN FRANCISCO CA 94114
D	MACINTOSH, ROBERT S	225 CONIFER TERRACE	DANVILLE CA 94506
D	COURTNEY, RONALD	2141 DOVER COURT	WALNUT CREEK CA 94595

8. Name and Address of Current Registered Agent

SIFRIT, ROBERT C  
2315 AARON STREET  
PORT CHARLOTTE FL 33952

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*[Signature]* **NOTRE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11-24-98

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

*[Signature]* MARGARET MAJUA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/98  
Date

(510) 286-2204  
Daytime Phone #

CR20040 (0/98)



**BAY RETAIL ENTERPRISES • MEMO**  
**332 2ND ST., OAKLAND, CA 94607**

20fz

TO: FLORIDA DEPARTMENT OF STATE  
FROM: BOB KADIE, CONTROLLER *[Signature]*  
RE: CORPORATE REINSTATEMENT FOR MMWD, INC.  
DATE: 11/17/98

We just received a "Notice of Administrative Dissolution or Revocation" for MMWD, Inc. We have only been doing business in Florida for one year and this is the first notice we have received concerning an annual filing. Per your request enclosed is a check for \$150.00 to bring MMWD, Inc. to an active status.

Feel free to contact me with any questions at (510) 286-2284.

Thank you for your understanding concerning this matter.