

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000011153

1. Corporation Name

HDMMV CORP.

Principal Place of Business

Mailing Address

~~7313 MIAMI LAKES DR~~
~~MIAMI LAKES FL 33014~~
~~US~~

~~7313 MIAMI LAKES DR~~
~~MIAMI LAKES FL 33014~~
~~US~~

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

~~6080 W. 6 Ave~~
Suite, Apt. #, etc.

~~6080 W. 6 Ave~~
Suite, Apt. #, etc.

City & State

Hialeah, FLA.

City & State

Hialeah, FLA.

Zip

33012

Country

US

Zip

33012

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1997

5. FEI Number

65-0725470

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	4 City / State / Zip
PTD	MOYA, DIANE N	6080 WEST 6 AVENUE	HIALEAH FL 33012
VSD	MOYA, HECTOR A	6080 WEST 6 AVENUE	HIALEAH FL 33012
			700003493167--8 -12/11/00-01031-005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~AMERILAWYER CHARTERED~~
~~343 ALMERIA AVENUE~~
~~GORAL GABLES FL 33134~~

Name

DIANE MOYA

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

6080 W. 6 Ave

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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]
REGISTERED AGENT MUST SIGN

Date 11-7-00

11. 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] DIANE MOYA PRES. 11-7-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-7-00

Daytime Phone #

(305)
949-9424

CR2E040 (8/00)