PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION 4
FOR 7 REINSTAUMENT
REINSTATE MENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000023367

1. Corporation Name

M.M., HOLDINGS, INC.

Principal Place of Business

Mailing Address

2123 WILLOW LAUREN LANE WINDERMERE FL 34786 C/O JAMES G. BALLETTA. ESO. 215 NORTH EOLA DRIVE ORLANDO FL 32802 FILED

02 DEC -3 AM II: 28

SECRETARY OF STATE FLORIDA



If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili			ng Office Address, if Applicable		Date Incorporated or Qualified To Do Business in Florida 03/14/1997		
	c/o_Ja	James G. Balletta, Esq.		10 D0 B0311855 111 101102		14) 1001	
Suite, Apt. #, etc. Suite, Apt. #,		City & State		5. FEI Number	TO 0444570	Applied For	
City & State				59-3444578		Not Applicable	
y a State	Orländo, FL		6. S8.75-Additional Fe		5-Additional Fee require		
Country—	Zip		-Country	CERTIFICATE		r a Certificate of Status	
	32801		USA	<u> </u>			
Names and Street Addresses of Each Officer ar	nd/or Director (Flo	rida nonprofi					
Name of Officers Title(s) and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
DPST GUPTA, STEVEN		2123 WILLOW LAUREN LANE		WINDERMERE FL 34786			
				20 117067	00088294 0201073007	22 **150.00	
8. Name and Address of Current Registered Agent Name			9. Name and	Address of New Registered	Agent		
BALLETTA, JAMES G ESQUIRE 301 E. PINE STREET STE. 1400 ORLANDO FL 32801			Street Address (P.O. Box Number is Not Acceptable)				
			Suite, Apt. #, Et	Suite, Apt. #, Etc.			
			City	City State Zip Code			

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 filling 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 of Registered Agent

SICHACURE REQUIRED

407/399-2500

Oct. 31, 2002

GRAY, HARRIS & ROBINSON, P.A.

SUITE 1400

301 EAST PINE STREET (32801)

P.O. BOX 3068

ORLANDO, FLORIDA 32802-3068

TEL 407-843-8880

FAX 407-244-5690

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WRITER'S DIRECT DIAL

(407) 244-5660

November 25, 2002

JBalletta@grayharris.com

Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Attention: Ms. Kathy Ashton

THE TOUGHT ON WITH THE

Production Control State

Document Specialist

Re: M.M. Holdings, Inc.

Document No.: P97000023367

Dear Ms. Ashton:

We are in receipt of your letter dated November 15, 2002, returning the Uniform Business Report for our client referenced above. Unfortunately, the Report and our client's check in the amount of \$150.00 were submitted to your office without our letter of explanation for the non-filing and asking that the reinstatement fees be waived.

We are returning the 2002 Uniform Business Report and respectfully request that you waive the reinstatement fee of \$600.00 for this Corporation due to the fact that the original 2002 Uniform Business Report was not received by our client. The undersigned as the entity's attorney, whose address is given as the mailing address of the Corporation on your records, relocated my practice to another firm in late 2001 and a change of mailing address for my client was inadvertently overlooked. In addition, my previous law firm did not forward the Uniform Business Report to my attention at my new address.

We appreciate your consideration of this request. Of course, if you should have any questions, please do not hesitate to contact the undersigned.

James Balletta

JB/bsb Enclosures

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