

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB -8 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

DOCUMENT # **P97000023367**

1. Corporation Name
M. M. HOLDINGS, INC.

2. Principal Office Address - No P.O. Box #
1403 Petersburg Place
Suite, Apt. #, etc.

3. Mailing Office Address
Same
Suite, Apt. #, etc.

City & State
ALLEN Texas

City & State
Same

Zip Country
75013 USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
3/14/97

5. FEI Number
59-3444578

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BALLETTA, James G. ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
301 E. Pine St

Suite, Apt. #, Etc.
STE 1400

City State Zip Code
ORLANDO FL 32801

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 617.0503, F.S.

Signature of Registered Agent  Date **2/6/08**
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/P/S/T | STEVEN GUPTA | 1403 Petersburg Place ALLEN, TX 75013 | Allen, TX 75013 |
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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:  Date **2/6/08** 407-952-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #