

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

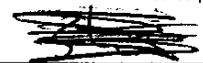
6. CERTIFICATE OF STATUS DESIRED  \$5.75 Additional Fee required for a Certificate of Status

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  
ORLANDO  
State  
FL  
Zip Code  
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

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 #