

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION

FLORIDA DEPARTMENT OF STATE



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -5 AM 8:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000087036

1. Corporation Name

M.M.C. GROUP, INC.

2. Principal Office Address

777 NW 72 AVE

Suite, Apt. #, etc.

suite 3AA48

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

777 NW 72 AVE

Suite, Apt. #, etc.

suite 3AA48

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1997

5. FEI Number

65-0823864

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARCELA PEREIRA CAMARA

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

9551 NW FONTAINE BLEAU BLVD

Suite, Apt. #, Etc.

116

City

MIAMI

State

FL

Zip Code

33176

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

Marcela Camara

REGISTERED AGENT MUST SIGN

Date 01/12/01

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

P

MARCELA P. CAMARA

9551 NW Fontainebleau Blvd
116

Miami, FL 33176

900003676969--4
-02/13/01--01071--015
****300.00 ****300.00

KE

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 a 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 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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Marcela Camara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/01

Date

Daytime Phone #

(305) 261-7377

CR2E081 (9/00)

DO NOT REMOVE!

MMC GROUP INC
777 NW 72 AVENUE SUITE 3AA 48
MIAMI, FL 33126

January 15, 2001

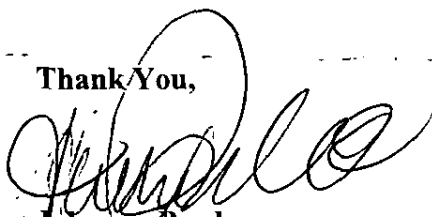
FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA 32399

REF: DOC. #P97000087036

To Whom It May Concern:

We are writing this letter to ask you to please make that one time waiver and waive the penalty assessed by your department for non payment of the year 2000 fee. During the year 2000 we never received a report and we think it was because your office had the wrong address. We know that we will also have to pay the fee for the year 2001. Please send us a copy of a form for the year 2001 so we can send the payment as soon as possible. Your prompt attention will be greatly appreciated.

Thank You,



Johanna Prado