

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000006892

1. Corporation Name

M&M #1, INC.

Principal Place of Business

Mailing Address

~~550 NORTH REO STREET #300~~
~~TAMPA FL 33607~~

~~330 NORTH REO STREET #300~~
~~TAMPA FL 33607~~

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

4. Date Incorporated or Qualified
To Do Business In Florida

01/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3491159

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
D	MORIN, KENNETH	550 NORTH REO STREET #300 115 South Albany Ave.	TAMPA FL 33607-33606
D	MONROE, CHARLES III	550 NORTH REO STREET #300 28050 US 19N, Ste 205	TAMPA FL 33607 Clearwater FL 33761
			400003069524--7 -12/14/99--01074--009 ****750.00 ****750.00

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'LEARY, D M
101 EAST KENNEDY BOULEVARD
SUITE 2700
TAMPA FL 33602

Name

Louanne S. Love

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

28050 US 19N STE 205

Suite, Apt. #, Etc.

Clearwater

City

State
FL

Zip Code

33761

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-29-99

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles H. Monroe III

Date

11-29-99

Daytime Phone #

7412

FILED

99 DEC -2 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/99)