

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 SEP 29 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000022783**

1. Corporation Name

M.E.M. MANAGEMENT INC.

Principal Place of Business

Mailing Address

1688 MERIDIAN AVE. STE 610
MIAMI BEACH FL 33139

1688 MERIDIAN AVE. STE 610
MIAMI BEACH FL 33139



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

03/11/1998

Suite, Apt. #, etc.

Suite # 801

Suite, Apt. #, etc.

Suite # 801

City & State

City & State

5. FEI Number

05-0833545

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SABOURIN, ISABELLE	1688 MERIDIAN AVE, STE 610 801	MIAMI BEACH FL 33139
D	Ishak, Sheriff J.	1688 Meridian Ave, #801	Miami Beach, FL 33139
			000003426900--1 10/17/00 01009 023 ***900.00 ***900.00
			REINSTATEMENT 99-00 T8

8. Name and Address of Current Registered Agent

SABOURIN, ISABELLE
1688 MERIDIAN AVE, STE 610
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Isabelle Sabourin REQUIRED

Date

6/28/00

REGISTERED AGENT MUST SIGN

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:

Isabelle Sabourin REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/28/00

Daytime Phone #

305-534-8866

CR2ED40 (8/99)