

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT -7 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *998000025369*

1. Corporation Name

M & M Survey of Atlantic Beach, Inc.

800008307218--3
-10/10/02--01053--014
****600.00 ****600.00

2. Principal Office Address

205 Magnolia Street

Suite, Apt. #, etc.

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

Atlantic Beach, FL

City & State

Zip

32233

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/98

5. FEI Number

59-324-1574

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

Michael T. Smith

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

205 Magnolia Street

Suite, Apt. #, Etc.

City

Atlantic Beach,

State
FL

Zip Code

32233

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

Michael T. Smith

REGISTERED AGENT MUST SIGN

Date

09/12/2002

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, D	Michael T. Smith	205 Magnolia Street	Atlantic Beach, FL 32233

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 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:

Michael T. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/12/2002 (904) 241-2552

Date

Daytime Phone #

CR2E081 (9/01)

M&M SURVEY OF ATLANTIC BEACH, INC.

265 MAGNOLIA STREET

ATLANTIC BEACH, FLORIDA 32233

PH: (904) 241-2552

FX: (904) 241-7685

EMAIL: SMITH265@AOL.COM

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida, 32314

Reference: Doc. No. P98000025369

Dear Sir:

I wish to advise that unbeknownst to me my corporate entity has been administratively dissolved for failure to file a corporate annual report.

I did not receive the normal reminder to complete and submit the required reports. It was never my intention to have my corporation administratively dissolved and request that it be reinstated and that you please waive the reinstatement fee.

We enclose our check No. 1107 in the amount of \$600.00 in payment of annual fees through calendar year 2002.

Sincerely yours,



Michael T. Smith
President