

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 22 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058484

1. Corporation Name

M+M Family Investments, Inc

2. Principal Office Address

5803 Galleon Way

Suite, Apt. #, etc.

City & State

Tampa Florida

Zip

33615

Country

USA

3. Mailing Office Address

5803 Galleon Way

Suite, Apt. #, etc.

City & State

Tampa Florida

Zip

33615

Country

USA

REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1998

5. FEI Number

59352662

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

Mark Lipscomb

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

5803 Galleon Way

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33615

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

Mark Lipscomb

Date

3/12/2004

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
P	MARK LIPSCOMB	5803 Galleon Way	Tampa FL 33615
VP	MARCIA PACE	6318 Grand Bahama Cir	Tampa FL 33615

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:

Mark Lipscomb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK LIPSCOMB

3/19/2004

Date

Daytime Phone #

813-818-0104