

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P98000060594**

1. Corporation Name

**M.M.&A. CONSTRUCTION OF FLORIDA, INC.**

Principal Place of Business

**3606 DRAWDY RD  
PLANT CITY FL 33567**

Mailing Address

**3606 DRAWDY RD  
PLANT CITY FL 33567**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/07/1998**

5. FEI Number

**59-3523698**

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
PD	GUEVARA, ARTURO	3606 DRAWDY RD	PLANT CITY FL 33567
SD	GUEVARA, GUADALUPE	3606 DRAWDY RD	PLANT CITY FL 33567

**500003029235-8**  
**-10/29/99--01057--014**  
**\*\*\*\*\*758.75 \*\*\*\*\*758.75**

*Handwritten signature*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GUEVARA, GUADALUPE  
3606 DRAWDY RD  
PLANT CITY FL 33567**

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

*Handwritten signature of Guadalupe Guevara*

REGISTERED AGENT MUST SIGN

Date **10-13-99**

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:

*Handwritten signature of Arturo S. Guevara*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/13/99**

Daytime Phone # **813-757-4427**

CR2E040 (8/99)