

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 30 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000063975

1. Corporation Name

M & M MACHINERY AND PARTS, INC.

REINSTATEMENT 03

700023805517
10/15/03--01022--026 **750.00

2. Principal Office Address

8341 N.W. 66 St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Office Address

8341 N.W. 66 St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1998

5. FEI Number

65-0851816

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

MILANO, HECTOR D

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

8341 N.W. 66 ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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

Hector Milano HECTOR MILANO
REGISTERED AGENT MUST SIGN

Date 10/09/2003

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
Director	MILANO, HECTOR D	8341 N.W. 66 ST.	Miami FL 33166

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:

Hector Milano

HECTOR D MILANO

10/9/2003 305-593-5082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)