

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAY 15 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Mama's Money, Inc.

298 000087145

200005610952--1

-05/27/02--01003--008

****600.00 ****600.00

2. Principal Office Address

1750 W. Broadway Street

Suite, Apt. #, etc.

#101 --

City & State

Oviedo, FL

Zip

32765

Country

USA

3. Mailing Office Address

1750 W. Broadway Street

Suite, Apt. #, etc.

#101

City & State

Oviedo, FL

Zip

32765

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/9/1998

5. FEI Number

59-3542630

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

Robert Leone

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

1750 West Broadway Street

Suite, Apt. #, Etc.

#101

City

Oviedo

State

FL

Zip Code

32765

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

Robert Leone
REGISTERED AGENT MUST SIGN

Date

5/7/2002

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/Dir.	Concepcion Legg	380 Augustine Court	Oviedo, FL 32765
VP/Dir.	Robert Leone	147 Cherry Creek Circle	Winter Springs, FL 32708
S+T	John Crisalli	147 Cherry Creek Circle	Winter Springs, FL 32708

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:

Robert Leone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/7/2002

Daytime Phone #

CR2E081 (9/01)