

2005  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 30 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000094722

1. Corporation Name

M + M SALES & SERVICES, INC.

2. Principal Office Address

10175 E. DEEP CREEK BLVD

Suite, Apt. #, etc.

City & State

HASTINGS, FL

Zip

33214

Country

3. Mailing Office Address

10175 E. DEEP CREEK BLVD

Suite, Apt. #, etc.

City & State

HASTINGS, FL

Zip

33214

Country

REINSTATEMENT 05-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06/1998

5. FEI Number

59-3577668

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

WILLIAM M. OSBURN

500075970295

06/08/06--01006--003 \*\*150.00

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

10175 E. DEEP CREEK BLVD

Suite, Apt. #, Etc.

700075970357

06/08/06--01006--004 \*\*150.00

City

HASTINGS

State

FL

Zip Code

33214

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

REGISTERED AGENT MUST SIGN

Date

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
PD	WILLIAM M. OSBORN	10175 E. DEEP CREEK BLVD	HASTINGS, FL 33214
STD	STEVEN L. MOORE	10175 E. DEEP CREEK BLVD	HASTINGS, FL 33214

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 contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-24-06

Daytime Phone #

386-  
328-8635

5-24-06

To - Dept. of State  
Division of Corporations

To Whom it may Concern

We Did Not Receive The Annual  
Report Notice, For Corporation  
Renewall For the years of  
2005 & 2006.

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**NOTE:** The reinstatement fee may be waived if the corporation did not receive the annual report notices in the year of dissolution/revocation. A letter stating non-receipt must accompany the reinstatement. Only the annual report and supplemental fees for each year, from the year of dissolution/revocation to the current year, will be due.

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