

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

Wf2

FILED

01 JAN 12 AM 10:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000038882

1. Corporation Name

M & M SYSTEMS GROUP, CORP.

Principal Place of Business

13548 SW 8 LANE
MIAMI FL 33184

Mailing Address

13548 SW 8 LANE
MIAMI FL 33184

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650914801

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	MACHADO, JUAN CARLOS	13548 SW 8 LANE	MIAMI FL 33184

8000003581458--3
-01/26/01--01075--002
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MACHADO, JUAN CARLOS
13548 SW 8 LANE
MIAMI FL 33184

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

REGISTERED AGENT MUST SIGN

Date

01/08/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/08/01 (205)321-4213

Daytime Phone #

KE

CR2ED40 (9/00)

2012

Miami January 8, 2001

Florida Department of State
Division of Corporation

Gentlemen:

We are very concerned with your letter received days ago where you are stating the administrative dissolution of our corporation, unfortunately we never received the letter (Annual Report/2000) to pay the fee to the State of Department, at this time we are very confused, and do not know what to do, please help us in this matter, unavoidable problems occur on the mail which we have no control, by this means we went to the Post Office and fill out a new Card in order to prevent missing letter. We called to the Department of State and somebody suggested us send you this letter explaining why we did not pay the fee on time, attaching a check for the original fee by \$ 150.00. Meanwhile we are very sorry for any inconveniences this may have caused you.

Therefore we respectfully request all you help in order to keep our company alive.

Sincerely,



M & M Systems Group, Corp
Juan Carlos Machado
13548 SW 8 Ln
Miami, Fl 33184
(305) 321-4213