

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 16 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/18/02--01032--011

****450.00 ****450.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000043129

1. Corporation Name

Miami Money Market, Inc

2. Principal Office Address

2030 opa locka Blvd.

Suite, Apt. #, etc.

City & State

opa locka fl

Zip

33054

Country

U.S

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-12-1979

5. FEI Number

58-2465734

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

Reynaldo Chavez

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

6802 Dunoon ct.

Suite, Apt. #, Etc.

City

miami Lakes

State
FL

Zip Code

33014

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

Reynaldo Chavez

REGISTERED AGENT MUST SIGN

Date

9-10-2002

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.	Reynaldo Chavez	6802 Dunoon ct.	Miami Lakes Fl. 33014
VP	Reynaldo Chavez	6802 Dunoon ct.	Miami Lakes Fl. 33014
S	Reynaldo Chavez	6802 Dunoon ct.	Miami Lakes Fl. 33014
T	Reynaldo Chavez	6802 Dunoon ct.	Miami Lakes Fl. 33014

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

Reynaldo Chavez

Date

9-10-2002 305-667-0780

Daytime Phone #

CR2ED81 (9/01)

7/11/02