

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000054784

Entity Name: MML BOCA GRANDE, INC.

**FILED**  
**Aug 08, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

102 W WHITING ST STE 302  
TAMPA, FL 33602

## **New Principal Place of Business:**

## **Current Mailing Address:**

102 W WHITING ST STE 302  
TAMPA, FL 33602

## **New Mailing Address:**

FEI Number: 59-3582072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

MUELLER, JOHN H  
102 W WHITING ST STE 302  
TAMPA, FL 33602 US

## **Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN MUELLER

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: MUELLER, SUSAN L  
Address: 5420 LYKES LANE  
City-St-Zip: TAMPA, FL 33611

Title: PTD  
Name: LYKES, MAYO  
Address: PO BOX 1348  
City-St-Zip: WILSON, WY 83014

Title: D  
Name: DIMMITT, GENEVIEVE L  
Address: C/O DIMMITT CHEVROLET US HY 19 N  
City-St-Zip: CLEARWATER, FL 33763

Title: D  
Name: LYKES, CHARLES P JR  
Address: 5249 LAKE PLACID DR  
City-St-Zip: LAKE PLACID, FL 33852

Title: SD  
Name: LYKES, MALLORY  
Address: 5427 LYKES LANE  
City-St-Zip: TAMPA, FL 33611

Title: D  
Name: JORGENSEN, CHARLOTTE L  
Address: 740 JUNIPER AVE  
City-St-Zip: BOULDER, CO 80304

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAYO LYKES

PTD

08/08/2011

Electronic Signature of Signing Officer or Director

Date