

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000092641

1. Corporation Name

M & M MOBILE HOME PARK, INCORPORATED

Principal Place of Business

4900
4551 N.E. SPINNAKER POINT PL.
STUART FL 34996

Mailing Address

4900
4551 N.E. SPINNAKER POINT PL.
STUART FL 34996



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/1999

5. FEI Number

65-0921293

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	MATAKAETIS, MICHAEL J	4900 4551 N.E. SPINNAKER POINT PL.	STUART FL 34996

300003447913--6
-11/02/00--01001--012
****150.00 ****150.00

10/13/00

8. Name and Address of Current Registered Agent

JONES, MATTHEW L ESQ
759 S. FEDERAL HWY., STE. 212
STUART FL 34994

9. Name and Address of New Registered Agent

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

Matthew Jones
REGISTERED AGENT MUST SIGN

Date

10/17/00

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:

Michael J. Matakaetis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael J. MATAKAETIS

10/14/00
Date

561 2606923
Daytime Phone #

CR2E040 (8/00)

October 18, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Gentlemen:

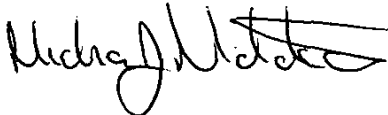
Subject: 2000 Uniform Business Report
M & M Mobile Home Park, Incorporated
Document #P99000092641

I spoke to a Department of State representative this morning regarding an Application for Reinstatement I just received for the subject corporation. The representative advised me to write this letter and inform you that I did not receive the 2000 Uniform Business Report and to request that the penalty fee be waived.

I am asking that you please waive the penalty fee and reinstate M & M Mobile Park, Incorporated. Enclosed is a check for \$150.00 to cover the Annual Report fee.

I am further requesting that the address correction as shown on the Application for Reinstatement be made.

Sincerely,



Michael J. Matakaetis
M & M Mobile Home Park, Inc.
4900 N.E. Spinnaker Point Place
Stuart, FL 34996