


10fz

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
**REINSTATEMENT**

 FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR -3 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000092641**

1. Corporation Name

**M+M Mobile Home Park, Inc**  
**4900 N.E. Spinnaker Point Place**  
**Stuart, FL 34996**

201-2003  
4BR

2. Principal Office Address

**4900 NE Spinnaker Pt Pl**

3. Mailing Office Address

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Stuart**

City & State

Zip

**FL**

Country

**Martin**

Zip

**34996**

Country

**USA**

**500013045885**

01/03/03--01025--008 \*\*150.00

01-03

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/18/99**

5. FEI Number

**65-0971293**

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

**Michael J. Matakatis**

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

**4900 N.E. Spinnaker Point Place**

Suite, Apt. #, Etc.

City

**Stuart**

State

**FL**

Zip Code

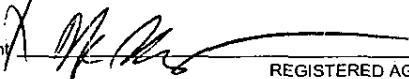
**34996**

**500013045885**

02/24/03--01089--029 \*\*300.00

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
D	Michael J. Matakatis	4900 Spinnaker Pt. Pl.	Stuart, FL 34996

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

RB

20fz

February 19, 2003

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

Re: M&M Mobile Home Park  
65-0971293

Enclosed is a Corporate Reinstatement form for M&M Mobile Home Park, Inc. This covers January 1, 2001 and 2002. I have several corporations in Florida and have timely filed all of the Uniform Business Reports for them, however, I never received the form for M&M. You currently have the correct address so I'm at a loss as to why.

I have enclosed a check for \$300. Please consider waiving the reinstatement penalty for both years. Also please mail a Uniform Business Report to me for the January 2003 filing.

Thank you,

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