


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -9 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000107062

1. Corporation Name
M & M DRYWALL FINISH, CORP.

2002-2003
1BR

04/22/03--01064--006 **150.00

00-03

2. Principal Office Address
6241 SW 41 PL

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State
DAVIE, FL

City & State

Zip 33314 **Country** USA

4. Date Incorporated or Qualified To Do Business in Florida 12/10/1999

5. FEI Number 65-0968138 **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
JORGE MIRANDA

Street Address (P.O. Box Number is Not Acceptable)
6241 SW 41 PL

Suite, Apt. #, Etc.

City
DAVIE

State FL **Zip Code** 33314

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 04/15/2003

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
PRES	JORGE MIRANDA	6241 SW 41 PL	DAVIE, FL 33314

000016673280
06/09/03--01068--001 **450.00

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 #**

CR2ED01 (10/02)

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M & M Drywall Finish, Corp.
6214 S.W. 41 Pl.
Davie, Fl 33314

Ph. (954)-818-85114

April 15, 2003

Florida Department of State
Dept. Corporate Reinstatement
P O Box 6327
Tallahassee, Fl 32314

Re: M & M Drywall Finish, Corp.
~~6241 SW 41 Pl~~
Davie, Fl 33314
65-0968138


To whom it may concern:

The purpose of this letter is to inform the Florida Department of State, that my company M&M Drywall Finish, Corp. has never received the Annual report from past years.

Enclose please find a Corporation Reinstatement form, plus my fees.

If any additional payment must be send, please do not hesitate to inform my office at your earliest convenience.

Sincerely,



Jorge Miranda