

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 APR -6 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S 27619

1. Corporation Name

F. I. M. M., INC.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

330 SAN Remo Drive

Suite, Apt. #, etc.

3. Mailing Office Address

330 SAN Remo Drive

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter FL

Zip

33458

Country

USA

Zip

33458

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

01/28/1991

5. FEI Number

65003725

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

Joyce O. Perri

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

330 SAN Remo Drive

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33458

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Joyce O. Perri

REGISTERED AGENT MUST SIGN

Date

04-04-07

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
VP	Peter Perri	330 SAN Remo Dr	Jupiter, FL 33458
P	Joyce Perri	330 San Remo Dr	Jupiter, FL 33458
S	Paul Perri	330 SAN Remo Dr	Jupiter, FL 33458

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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 contained in Chapter 119, 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:

Joyce O. Perri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR

Joyce O. Perri

Date

04-04-07

Daytime Phone #