

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -7 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V26779

1. Corporation Name

M.M. AND IR, INC

REINSTATEMENT 96-03

800016821548

04/24/03--01013--003 **1650.00

800016821548

05/07/03--01097--006 **150.00

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

301 S. Pompano Pkwy

Suite, Apt. #, etc.

301 S. Pompano Parkway

City & State

Pompano Bch, Fl

City & State

Pompano Bch, Fl

Zip 33069

Country USA

Zip 33069

Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/3/1992

5. FEI Number
65-0329698

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

Mohammed M Islam

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

11080 SW 23rd St

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33324

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

M. Islam

Date

REGISTERED AGENT MUST SIGN

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
PD	Mohammed M Islam	11080 SW 23rd St	Davie, Fl-33324
VPS	Nahid Fatima	1525 NW3rd St #14	Deerfield Bch, Fl-33442

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:

M. Islam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-894-8110

Daytime Phone #

CP2E081 (9/01)