


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>CORPORATION REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>	<p>FILED 06 DEC 21 PM 3:57 TALLAHASSEE, FLORIDA</p>
<p>DOCUMENT #</p>			
<p>1. Corporation Name M&G Commercial Properties, Inc. H06793</p>			
<p>2. Principal Office Address 2419 Winterset Rd Suite, Apt. #, etc.</p>		<p>3. Mailing Office Address 2419 Winterset Rd Suite, Apt. #, etc.</p>	
<p>City & State Winter Haven, FL Zip 33884 Country USA</p>		<p>City & State Winter Haven, FL Zip 33884 Country USA</p>	
		<p>4. Date Incorporated or Qualified To Do Business in Florida June 6 1984</p>	
		<p>5. FEI Number 592430557 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>	
		<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>	
<p>7. Name and Address of Current Registered Agent</p>			
<p>Name GERALDINE CASTRILLI</p>			
<p>Street Address (P.O. Box Number is Not Acceptable) 2419 Winterset Rd</p>			
<p>Suite, Apt. #, Etc.</p>			
<p>City Winter Haven</p>		<p>State FL</p>	<p>Zip Code 33884</p>
<p>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.</p>			
<p>Signature of Registered Agent Geraldine Castrilli</p>		<p>Date 12/20/06</p>	
<p>REGISTERED AGENT MUST SIGN</p>			
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Michael Castrilli	2419 Winterset Rd	Winter Haven, FL 33884
S/T	GERALDINE CASTRILLI	2419 Winterset Rd	Winter Haven, FL 33884
	<i>[Signature]</i>		
<p>100082703351 12/21/06--01036--004 **1515.00</p>			
<p>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.</p>			
<p>SIGNATURE: Geraldine Castrilli</p>		<p>GERALDINE CASTRILLI</p>	
		<p>Date 12/20/06</p>	<p>Daytime Phone # (863) 326-1185</p>
<p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>			

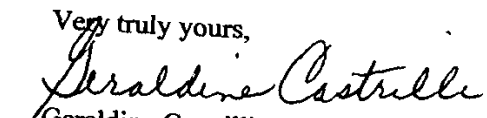
M & G Commerical Properties, Inc.
2419 Winterset Road
Winter Haven, Florida 33884
(863) 326-1185

December 20, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Attached hereto is our Corporation Reinstatement Form and our check for \$1515.00, amount given to me by Deborah in your office. We did not receive any annual report notices since 1997, therefore, I understand that the reinstatement fee may be waived for this reason.

Very truly yours,


Geraldine Castrilli
Secretary/Treasurer

Enc (2)