PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. D

CORPORATION
OCUMENT " PO4000044

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P01000041672
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Corporation Name

Signature of Registered Agent

M & M Cabinetry & Millwork Inc.

02 NOV -7 AH !!: 38 ..

TALLAHASSEE, FLORIDA

11/01/02

2. Principal Office Address 2220 J&C Boulevard	3. Mailing Office Address 2220 J&C Boulevard	400008866514 11/07/0201049018 **150.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	'

4. Date incorporated or Qualified To Do Business in Florida 04/23/2001 City & State City & State Naples, FL 5. FEI Number Naples, FL Applied For Zio Not Applicable Country Zip Country 34109 **United States** 34109 **United States** \$8.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent Gregg Mueller Street Address (P.O. Box Number is Not Acceptable) 2220 J&C Boulevard Suite, Apt. #, Etc. City State Naples 34109 FL

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.

REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Titles Street Address of Each Officers and/or Directors Officer and or Director City / State / Zip Pres Gregg-Mueller . _ _ 2220-J&C Boulevard --Naples, FL-34109 - -VΡ Same Sec Same Treas Same

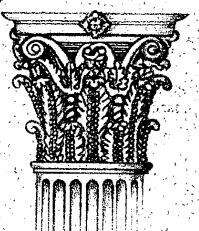
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies 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 TY

INTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01



H. MICHAEL MAGRUDER, CPA

2770 South Horseshoe Drive Suffe #1 MAPLES. FL 34104

Phone (941) 649-3272 Fax (941) 649-3273

Francis Little Barban

November 1, 2002

Florida Dept of State Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 323.14-6327

RE: M&M Cabinetry & Millwork Inc.

Gentlemen,

Our client never received the first two uniform business report notices, and as such we request that the \$600 reinstatement fee be waived.

Enclosed please find the Application for Reinstatement along with a check for \$150 for the annual filing fee.

Thank you in advance for your cooperation.

Sincerely,

10° 00°

H. Michael Magruder, CPA

hmni/HMM 21417002 doc