


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000049852</b> 1. Entity Name <b>M. &amp; M. BLOCK CONSTRUCTION, INC</b>	
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FILED  
05 MAY -2 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2332 WEST 56TH STREET, UNIT #12 HIALEAH, FL 33016	Mailing Address 2332 WEST 56TH STREET, UNIT #12 HIALEAH, FL 33016
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2. Principal Place of Business <b>10325 NW 128th Ter.</b>	3. Mailing Address <b>10325 N.W. 128th Ter.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

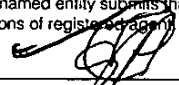
04182005 REIN-P CR2E098 (6/04)

City & State <b>Hialeah FL</b>	City & State <b>Hialeah</b>	4. FEI Number <del>753052874</del> <b>20-0132874</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33018</b>	County <b>Dade</b>	Zip <b>33018</b>	Country <b>Dade</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GONZALEZ, HILBA L 8340 NW 103 ST #203 HIALEAH GARDENS, FL 33016</b>	7. Name and Address of New Registered Agent Name <b>JAVIER GARCIA</b> Street Address (P.O. Box Number is Not Applicable) <b>10325 N.W. 128th Ter</b> City <b>Hialeah</b> FL Zip Code <b>33018</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4/8/05**

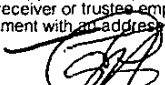
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, JAVIER 2332 WEST 56TH STREET, UNIT #12 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10325 N.W. 128th Ter</b> <b>Hialeah, FL 33018</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300054290373</b> <b>05/11/05--01057--001 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>8515</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4/18/05** (786) 586-0690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #