

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

1-2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 OCT -2 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000045959

1. Corporation Name
M, INC. OF KEY WEST

Principal Place of Business
1709 ATLANTIC BOULEVARD
KEY WEST FL 33040

Mailing Address
1709 ATLANTIC BOULEVARD
KEY WEST FL 33040



000001977400--9
-10/16/96--01086--008
****225.00 ****225.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/21/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0518300	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BARAUCK, MARK N	1709 ATLANTIC BLVD.	KEY WEST FL 33040

09/25/96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ECKSTEIN, ALAN ESQ. 1407 LEON STREET KEY WEST FL 33040		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Alan Eckstein REGISTERED AGENT MUST SIGN Date: 9-25-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: Mark Noah Barauck 9-25-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Mark Noah Barauck

CPRE040 (7/96)

ALAN ECKSTEIN

ATTORNEY AT LAW

1407 LEON STREET
KEY WEST, FL 33040
TELEPHONE (305) 294-2247

September 25, 1996

Division of Corporations
Annual Report
Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

Re: Document # P94000045959
M, Inc. of Key West

Dear Sir(s):

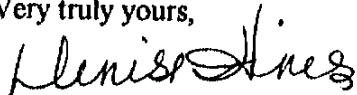
Pursuant to our conversation with your Reinstatement Examining Officer on September 24, 1996, I am enclosing our check for \$225 reinstatement fee together with our reinstatement application so that the above named corporation may be reinstated.

As I explained to the examining officer, our original annual report was sent on May 23, 1996, however it seems that the paperwork was lost in the mail. Your offices indicated that they have no record of receiving same.

Please contact this office if there are any questions.

Thank you for your assistance.

Very truly yours,



Denise Hines
Legal Assistant