

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAY -8 AM 10: 34

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045959

1. Corporation Name

M, INC. OF KEY WEST

2. Principal Office Address - No P.O. Box #
1218 Varela Street

3. Mailing Office Address
1218 Varela Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Key West, FL

City & State
Key West, FL

Zip
33040

Country
USA

Zip
33040

Country
USA

REINSTATEMENT 00-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida
06/21/1994

5. FEI Number
65-0518300

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
Alan Eckstein, Esq.

Street Address (P.O. Box Number is Not Acceptable)
3010 Flagler Avenue

Suite, Apt. #, Etc.

City
Key West

State
FL

Zip Code
33040

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Alan Eckstein

Date **5-4-07**

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
PVST	Mark N. Barauck	1218 Varela Street	Key West, FL 33040
			900103096409 05/23/07--01010--027 **1208.75
	<i>025/16</i>		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Eckstein

Date **5/4/07**

Daytime Phone # **305-295-9633**