

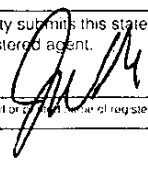
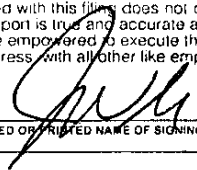


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -6 AM 8:54

DOCUMENT # 536575 1. Entity Name M & N ELECTRIC, INC.																							
Principal Place of Business 548 N.E. 32 ST OAKLAND PARK, FL 33334				Mailing Address 1649 NW 36TH CT OAKLAND PARK, FL 33308																			
2. Principal Place of Business - No P.O. Box # 55316 CLAIRE ST. Suite, Apt. #, etc. ASTOR, FL City & State		3. Mailing Address 635 KIRKSWOOD CT. Suite, Apt. #, etc. LAKE LAND, FL City & State																					
Zip 32102		Country LAKE		Zip 33813																			
Country POLK		4. FEI Number 59-1746481		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent WELCH, JAMES 55316 CLAIRE STREET ASTOR, FL 32102																			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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:  <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																			
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PSD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WELCH, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>55316 CLAIRE STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ASTOR, FL 32102</td> <td></td> </tr> </table>				TITLE	PSD	<input type="checkbox"/> Delete	NAME	WELCH, JAMES		STREET ADDRESS	55316 CLAIRE STREET		CITY - ST - ZIP	ASTOR, FL 32102		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 900128661599 05/06/08--01029--001 **308.75 </div>							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							

5/8/08