TOTAL P.02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 DEC 11 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 602350

1. Corporation Name
M & M'S SERVICES, INC.

Principal Place of Business
11541 S.W. 119TH PLACE ROAD
MIAMI, FLORIDA 33186

Mailing Address SAME

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

REINSTATEMENT 9/97

2. New Principal Office Address, if Applicable
SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip / County

3. New Mailing Address, if Applicable
SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip / County

4. Date Incorporated or Qualified To Do Business in Florida
5/1/80

5. FEI Number
59-1987894
Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES. SEC./DIR.	TEDRA FEINGOLD	11541 S.W. 119TH PL. RD	MIAMI, FL 33186
VICE-PRES. TRES./DIR.	JERROLD FEINGOLD	45 ROCKEFELLER PLAZA #800	NEW YORK, NY 10111

100002376481--3
-12/18/97--01062--002
***1245.00 ***1245.00

8. Name and Address of Current Registered Agent
MARTY FEINGOLD
11541 S.W. 119TH PL. RD.
MIAMI, FL 33186

9. Name and Address of New Registered Agent
Name: LEWIS J. LEVEY
Street Address (P.O. Box Number is Not Acceptable): 2655 LEJEUNE ROAD
Suite, Apt. #, Etc.: SUITE 1108
City: CORAL GABLES
State: FL
Zip Code: 33134

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: Lewis J. Levey
REGISTERED AGENT MUST SIGN
Date: 12/10/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. To release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access, 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 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. and that all fees owed by the corporation have been paid. 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: Tedra Feingold 12/10/97 305-595-4489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

TEDRA FEINGOLD, PRES.

EMPIRE CORPORATE KIT

DEC-10-1997 12:21 P.02