APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LD 11-26-07

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F06000004935

1. Entity Name
2M MANAGEMENT CORP.

REINSTATEMENT 07

Principal Place of Business	Mailing Address
~~125 ESPERANZA WAY~~ PALM BEACH GARDENS, FL 33418	~~125 ESPERANZA WAY~~ PALM BEACH GARDENS, FL 33418

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
104 PLAYA RIENTA WAY	104 PLAYA RIENTA WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS, FL	City & State: PALM BEACH GARDENS, FL
Zip: 33418 Country: USA	Zip: 33418 Country: USA

4. FEI Number: 11-0499685 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOSKOWITZ, LEONARD ~~125 ESPERANZA WAY~~ PALM BEACH GARDENS, FL 33418	Name Street Address (P.O. Box Number is Not Acceptable): 104 PLAYA RIENTA WAY City: PALM BEACH GARDENS, FL Zip Code: 33418

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 _____ 11/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $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	PD MOSKOWITZ, LEONARD ~~125 ESPERANZA~~ WAY PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOSKOWITZ, LEONARD 104 PLAYA RIENTA WAY Palm Beach Gardens FL 33418	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MOSKOWITZ, KENNETH ~~12 HILLSIDE~~ COURT HUNTINGTON BAY, NY 11743	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MOSKOWITZ, KENNETH 43 Cove Road Huntington, NY 11743	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400112451604 11/20/07--01017--005 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 11/15/07 561-799-5634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #