
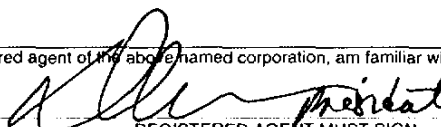
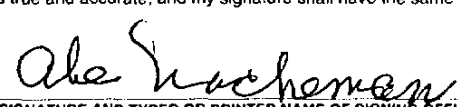


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		99 FEB -8 AM 11:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F45085 (0)					
1. Corporation Name <p style="text-align: center;">M AND N REALTY INVESTMENTS, INC.</p> <p style="text-align: center;">1199000002029</p>					
Principal Place of Business 5500 NW 69 AVE #263 LAUDERHILL FL 33319		Mailing Address 5500 NW 69 AVE #263 LAUDERHILL FL 33319			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 5500 NW 69 AVE Suite, Apt. #, etc. #263 City & State LAUDERHILL FL Zip 33319		3. New Mailing Office Address, If Applicable 5500 NW 69 AVE Suite, Apt. #, etc. #263 City & State LAUDERHILL FL Zip 33319		4. Date Incorporated or Qualified To Do Business in Florida 09/11/1981	
Country USA		Country USA		5. FEI Number 59-2156702	
				Applied For <input type="checkbox"/> 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	2	3	4	5	6
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
DPST	NACHEMAN, ABE	5500 NW 69 AVE #263	LAUDERHILL FL 33319		
D	MARGOLIN, ROBERT	5500 NW 69 AVE #263	LAUDERHILL FL 33319		
8. Name and Address of Current Registered Agent FLORIDA REGISTERED AGENTS, INC. ONE CENTRUST FINANCIAL CENTER, SUITE 3600 100 SE 2nd ST MIAMI FL 33131			9. Name and Address of New Registered Agent Name M & W AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD. Suite, Apt. #, Etc. #107 City BOCA RATON State FL Zip Code 33431		
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  REGISTERED AGENT MUST SIGN Date 2/5/99					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ABE NACHEMAN, President			February 2, 1999 954/741-0241 Date Daytime Phone #		

CR2E081 (12/98)