2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G32225

1. Entity Name
MMMM-- THE GOOD NEWS PUBLISHING COMPANY

FILED
04 DEC 27 PM 3:09
SECRETARY OF STATE
TALLAHASSEE

Principal Place of Business	Mailing Address
7022 SW 53RD LANE MIAMI, FL 33155-5609	7022 SW 53RD LANE MIAMI, FL 33155-5609

REINSTATEMENT 2004

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12132004 REIN-P CR2E098 (6/04)

4. FEI Number
59-2415335
Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MCHALE, EDWARD F. (ESQ
4440 PGA BLVD
SUITE 402
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name
Edward F. McHale, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2855 PGA Boulevard

City Palm Beach Gardens FL Zip Code 33410

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 ______________________ 12/10/04
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, 2005, 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 MCHALE, JOAN NIELSEN 7022 S.W. 53RD LANE MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500043652555 12/27/04--01092--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCHALE, LISA 7022 SW 53RD LANE MIAMI, FL 331555609	☐ 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
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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 exemption stated in Section 119.07(3)(i), 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: Joan Nielsen McHale 12-17-04 (305) 663-0473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #