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APPLICATION FOR Q REINSTATEMENT DOCUMENT # 77 0 7	FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORPC MENTURE ENELL TOO MAILING Address SAME	INT OF STATE ortham State ORATIONS STAC.	LETING THE BOYAM. AND FILED 1997 NOV 13 FN 12: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	O
FT MYERS Beach If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable Som & Suite, Apt. #, etc. City & State Zip Country	ugh incorrect information and enter 3. New Mailing Office Address, I Suite, Apt. #, etc. City & State Zip County	If Applicable 4. Date To Do 5. FEI N 6. CERT	S-007266/ No IFICATE OF STATUS DESIRED \$8.75 Additional for a Certificat	
7. Names and Street Addresses of Each Officer and/or Title(s) 1 2 Pres. PMARK R. McKEW. SEYTES MINY K. Mc.	3 (DO NOT L	treet Address of Each Officer and/or Director Use Post Office Box Numbers) UNIT a SUNTY (UB Block UsinT	City/State/7ip A City/State/7ip A Copy Conpl Cl 3 Copy Copy Copy Copy Cl 3 Copy Copy Copy Cl 3 Copy Copy Copy Cl 3 Copy Copy Copy Copy Cl 3 Copy Copy Copy Cl 3 Copy Copy Copy Cl 3 Copy Copy Copy Copy Cl 3 Copy Copy Copy Cl 3 Copy Copy Copy Cl 3 Copy Copy Copy Cl 3 Copy Copy Copy Cl 3 Copy Copy Copy Copy Cl 3 Copy Copy Copy Copy Cl 3 Copy Copy Copy Cl 3 Copy Copy Copy Cl 3 Copy Copy Copy Cl 3 Copy Copy Copy Copy Cl 3 Copy Copy Copy Cl 3 Copy	3904
10. I, being appointed the registered agent of the above Signature of Registered Agent MacLe Control Registered Agent MEC	UEY 13 BluD 3393 10 named corporation, am familiar v SISTERED AGENT MUST SIGN	Name Street Address (P.O. Box No. Suite, Apt. #, Etc. City with and accept the obligations of	State Zip Code FL State Zip Code Zip Code	CP2E040 (12(96)
11. Does this corporation pay at Dept. of Revenue under S. 12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolved by the corporation have been paid and the ne on this application is true and accurate, and my sign SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINT	199.032, Florida State or trustee empowered to execute ution has been eliminated, the corpanes of individuals listed on this to nature shall have the same legat ef	tutes. Yes \ \n\ e this application as provided for borate name satisfies the require rm do not qualify for an exempti	ments of section 607.0401 or 617.0401, F.S., that	nen filing all foes on indicated

MARK R. MCKENNEY

M.D.M. VENTURES INC.



121 LENELL ROAD FT. MYERS BEACH . FL. 33931 USA

Phone 941-463-1311 Fax 941-463-0498

November 10, 1997

FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of state DIVISION OF CORPROATION

TO WHOM IT MAY CORNCERN

When the payment for 1996 was sent in, a change of address to 121 Lenell Rd. Ft Meyers Beach, Fl. 33931 was on the form. Also at that time a change of one officer was made. When the renewal was sent out we are told it was sent to 869-B SE 46th Lane, Cape Coral, Fl. 33904. We were not aware of the problem until checking into buying another business.

Inclosed please find a check for \$165.00 for the renewal fee.

Thank you for your assistance in this matter

Mark R. McKenney, Pres. MDM VENTURES INC.

121 Lenell Rd.

Ft. Myers Beach, Fl. 33931