FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 DEC 31 PM 5:55

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000007746

1. Limited Liability Company's Name

M & M Total Services, L.C.

2. Principal Office Address	3. Mailing Office Address
3955 SW 137th Av	7525 SW 72 CT
Suite, Apt. #, etc. 3	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33175 Country USA	Zip 33143 Country USA

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 03-0444935 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

800025866858
12/31/03--01008--007 **155.00

Name: Raphael Machin

Street Address (P.O. Box Number is Not Acceptable): 7525 SW 72 CT

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33143

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 12-26-2003

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Raphael Machin	7525 SW 72 CT	MIAMI/FL/33143
MGRM	Rafael Martinez	1013 TRACE LN	Lawrenceville/GA/30045
		REINSTATEMENT	03 CW dca

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager _____ Date 12-26-2003 Daytime Phone # 305-665-2329

Typed or printed name of signing Managing Member/Manager Raphael Machin