

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008990

FILED
Sep 22, 2005
Secretary of State

Entity Name: M & M SERVICES OF HIALEAH INC.

Current Principal Place of Business:

5540 NW 183RD ST
CAROL CITY, FL 33055

New Principal Place of Business:

Current Mailing Address:

5540 NW 183RD ST
CAROL CITY, FL 33055

New Mailing Address:

FEI Number: 45-0525635 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLOISE, MIGUELINA
5414 W 27TH LN
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MIGUELINA BLOISE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BLOISE, MIGUELINA
Address: 5414 W 27TH LN
City-St-Zip: HIALEAH, FL 33016

Title: DV () Delete
Name: BLOISE, MARTIN
Address: 5414 W 27TH LN
City-St-Zip: HIALEAH, FL 33016

Title: DST () Delete
Name: BLOISE, CAROLYN
Address: 2775 W 52ND ST #109
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUELINA BLOISE

Electronic Signature of Signing Officer or Director

DP

09/22/2005

Date