

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION  
**2000 QABR**  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P00000000487

1. Corporation Name

M & M SURF CREATIONS, INC.

Principal Place of Business

Mailing Address

6215 GEORGIA AVE. C  
W. PALM BCH FL 33405

6215 GEORGIA AVE. C  
W. PALM BCH FL 33405

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/27/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0984693	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MILLER, MICKEY	6215 GEORGIA AVE. C	W. PALM BCH FL 33405

500003491455--1  
-12/08/00--01027--010  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, MICKEY  
6215 GEORGIA AVE. C  
W. PALM BCH FL 33405

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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

11-9-00

Date

Daytime Phone #

2  
m x m Surf-Creations, Inc.

11-9-00

To Whom it may concern.

I started my company December, 1999.

This corporate dissolution form is the only thing I ever received. I am trying to make sure all my paperwork is correct. I would never pay a bill late or not pay a bill at all!

Please accept my enclosed check in good faith that I had no knowledge of this form or I would have paid it timely.

Thank you,

*W. Roy Miller*