


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR -7 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

01-03

DOCUMENT # P00000059669

1. Corporation Name
M&M Investment of Miami Inc

2. Principal Office Address 8180 NW 36th ST Suite, Apt. #, etc. 310 City & State Miami FL Zip 33166		Country USA		3. Mailing Office Address PO Box 835723 Suite, Apt. #, etc. City & State Miami FL Zip 33283		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida	06/22/00
5. FEI Number	23-08-512399-78-8
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Marcos R Pimentel

Street Address (P.O. Box Number is Not Acceptable): 9631 sw 163rd ave

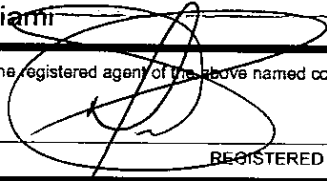
Suite, Apt. #, Etc.: 300013641473

City: Miami

State: FL Zip Code: 33196

03/07/03--01008--030 ***450.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: 

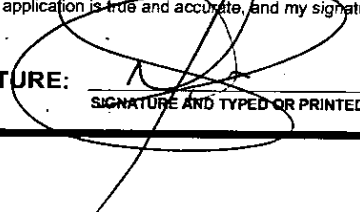
REGISTERED AGENT MUST SIGN

Date: 02/25/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P / T	Marcos R. Pimentel	9631 sw 163rd ave	Miami, FL 33196
S	Monica Martinez	9631 sw 163rd ave	Miami, FL 33196

10. 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: 

Marcos R. Pimentel

02/26/03

305-380-7262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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