


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
--------------------------------------	--

06 NOV 21 09:12:35

**DOCUMENT #**

1. Corporation Name

M MANAGEMENT SERVICES, INC.

P00000079473

2. Principal Office Address

728 E. OCEAN BLVD

3. Mailing Office Address

728 E. OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

Zip

34994

Country

USA

Zip

34994

Country

USA

**REINSTATEMENT**

CR2E081 (1205)

05-06

4. Date Incorporated or Qualified  
To Do Business in Florida

August 16, 2000

5. FEI Number

651070020

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Frank D. Murphy

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

728 E. OCEAN BLVD

Suite, Apt. #, Etc.

S

City

STUART

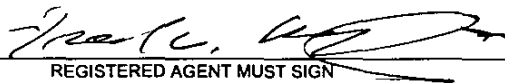
State  
FL

Zip Code

34994

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

11/10/2006

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
Pres.	Frank D. Murphy	728 E OCEAN BLV	STUART, FL 34994

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 contained in Chapter 119, 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

Date

11/10/2006

772 285 6997