

Dec. 9. 2002 7:26PM

ARIAS TOVAR & ASSOCIATES, PA


No. 7285 P. 2/2

FILED 02002305983

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 DEC 09 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000110511			
1. Corporation Name MTWO FLORIDA, INC.			
2. Principal Office Address c/o 1725 Main St. Suite, Apt. #, etc. 205 City & State Weston, FL Zip 33326 Country Broward		3. Mailing Office Address same Suite, Apt. #, etc. City & State Zip Country	

4. Date Incorporated or Qualified To Do Business in Florida 11/19/2001	5. FBI Number 26-0000037	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 Ileana Arias, Esq.		
Street Address (P.O. Box Number is Not Acceptable) 1725 Main St. Suite 205		
Suite, Apt. #, Etc.		
City Weston, FL	State FL	Zip Code 33326

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 12/8/02

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
DP	SERGIO BELMONTE	1725 Main Street Suite 205	Weston, FL 33326

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:

 (Director)

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/8/02 (754) 385-2284
Daytime Phone #

H 020002305983

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : ARIAS TOVAR & ASSOCIATES, P.A.
Account Number : I20000000125
Phone : (954) 385-2284
Fax Number : (954) 385-8864

CORPORATION REINSTATEMENT

MTWO FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00