

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR -4 AM 11:38

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **8030000 88297**

1. Corporation Name

The Menwall Group, Inc.

2. Principal Office Address - No P.O. Box #

1587 NW 168th Avenue

Suite, Apt. #, etc.

City & State

Pembroke Pines, Florida

3. Mailing Office Address

1587 NW 168th Avenue

Suite, Apt. #, etc.

City & State

Pembroke Pines, Florida

Zip

33028

Country

USA

Zip

33028

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

8/11/2003

5. FEI Number

200716459

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

Thomas D. Wallace

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

1587 NW 168th Avenue

Suite, Apt. #, Etc.

City

Pembroke Pines, Florida

State
FL

Zip Code
33028

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Thomas D. Wallace

Date

2/24/08

REGISTERED AGENT MUST SIGN

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.	Thomas D. Wallace	1587 NW 168th Avenue	Pembroke Pines, Florida 33028
		B 3/7/08	
		REINSTATEMENT 06-08	
		900119140599	
		02/29/08--01043--011 **458.75	

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:

Thomas D. Wallace (Thomas D. Wallace)

Date

Daytime Phone #

2/28/08 305-742-6776