

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000026207

**FILED**  
**Mar 24, 2006**  
**Secretary of State**

**Entity Name:** M & M RESTORATION, INC.

**Current Principal Place of Business:**

3519-51ST AVENUE NORTH  
ST. PETERSBURG, FL 33714

**New Principal Place of Business:**

7400 MEADOWLAWN DR N  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

3519-51ST AVENUE NORTH  
ST. PETERSBURG, FL 33714

**New Mailing Address:**

7400 MEADOWLAWN DR N  
ST. PETERSBURG, FL 33702

**FEI Number:** 45-0536058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, MICHAEL G  
3519-51ST AVENUE NORTH  
ST. PETERSBURG, FL 33714 US

**Name and Address of New Registered Agent:**

WILSON, MICHAEL G  
7400 MEADOWLAWN DR N  
ST. PETERSBURG, FL 33702 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL G WILSON

03/24/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILSON, MICHAEL G  
Address: 3519-51ST AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33714

Title: D ( ) Delete  
Name: SHOEMAKER, MARIE  
Address: 3519-51ST AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WILSON, MICHAEL G  
Address: 7400 MEADOWLAWN DR N  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D (X) Change ( ) Addition  
Name: SHOEMAKER, MARIE  
Address: 1010 25TH AVE N  
City-St-Zip: ST. PETERSBURG, FL 33704

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL G WILSON

D

03/24/2006

Electronic Signature of Signing Officer or Director

Date