2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2006
Secretary of State

DOCUMENT# P04000047839

Entity Name: M. & A. TRADE CORPORATION

Current Principal Place of Business:

207 SPRINGVIEW DRIVE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 450761
KISSIMMEE, FL 34745

New Mailing Address:

207 SPRINGVIEW DRIVE
SANFORD, FL 3773

FEI Number: 20-0886551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTIZ, MICHELLE F
207 SPRINGVIEW DRIVE
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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: MICHELLE F. ORTIZ

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: PS ( ) Delete
Name: ORTIZ, MICHELLE F
Address: 3268 FAIRFIELD DR
City-St-Zip: KISSIMMEE, FL 34743

Title: VPT ( ) Delete
Name: ORTIZ-LEONEL, ADOLFO
Address: 3268 FAIRFIELD DR
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: ORTIZ, MICHELLE F
Address: 207 SPRINGVIEW DRIVE
City-St-Zip: SANFORD, FL 32773

Title: VPT (X) Change ( ) Addition
Name: ORTIZ-LEONEL, ADOLFO
Address: 207 SPRINGVIEW DRIVE
City-St-Zip: SANFORD, FL 32773

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: MICHELLE F. ORTIZ PS 10/16/2006

Electronic Signature of Signing Officer or Director — Date