


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000120305 1. Entity Name M & S DEVELOPMENT GROUP, INC.	
--	---

FILED

2007 DEC -7 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 8181 NW 36 ST STE 14F MIAMI, FL 33166	Mailing Address 8181 NW 36 ST STE 14F MIAMI, FL 33166
---	---

2. Principal Place of Business - No P.O. Box # 8181 NW 36 St. Suite, Apt. #, etc. Ste. 17B City & State Miami, FL Zip 33166 Country U.S.A.	3. Mailing Address 8181 NW 36 St. Suite, Apt. #, etc. Ste. 17B City & State Miami, FL Zip 33166 Country U.S.A.
---	---

12032007 REIN-P CR2E098 (1/07) JAN FEB Number 59-3788622	Applied For Not Applicable
--	-------------------------------

6. Name and Address of Current Registered Agent SOBRADO, LAZARO J 9824 SW 161 AVE. MIAMI, FL 33196	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lazaro Sobrado DATE 12-4-2007

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00
--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOBRADO, LAZARO J 11282 SW 156 PL MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lazaro Sobrado 9824 SW 161 Ave. Miami, FL 33196 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, ROBERTO 13011 SW 83RD ST MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200112937582 12/07/07--01034--014 **\$750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lazaro Sobrado DATE 12-4-2007 DAYTIME PHONE # 305-592-5130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR