


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV 16 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000137060	
1. Entity Name M & M MOBILE SETTING, INC.	

Principal Place of Business 1 BARRON DRIVE PLANT CITY, FL 33566	Mailing Address <del>1 BARRON DRIVE</del> <del>PLANT CITY, FL 33566</del>
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2. Principal Place of Business	3. Mailing Address PO Box 1120
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Plant City FL
Zip	Zip 33564
Country	Country USA



10302006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent MARTINEZ, MICHAEL A <del>1 BARRON DRIVE</del> <del>PLANT CITY, FL 33566</del>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <del>1 BARRON DRIVE</del> 1 BARRON DRIVE City Plant City FL Zip Code 33566
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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 Mike Martinez DATE 10-30-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP MARTINEZ, MICHAEL A 1 BARRON DRIVE PLANT CITY, FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800081435568 11/01/06--01048--002 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTINEZ, MICHAEL A 1 BARRON DRIVE PLANT CITY, FL 33566 <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 B 11/17/06
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 REINSTATEMENT 06
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: Mike Martinez DATE 10-30-06 (813) 763-0582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR