


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 10 NOV -9 PM 2:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P06000046511
 1. Corporation Name
M & M Consulting Services, Inc

2. Principal Office Address - No P.O. Box # 5102 SW 157th Court		3. Mailing Office Address 5102 SW 157th Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33185	Country USA	Zip 33185	Country USA

800187593758
 11/09/10--01033--011 **750.00
REINSTATEMENT ID
 CR2E081 (6/10)

4. Date Incorporated or Qualified
 To Do Business in Florida **3/30/2006**

5. FEI Number **20-4627184** 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
Miguel Perez-Marante

Street Address (P.O. Box Number is Not Acceptable)
5102 SW 157th Court

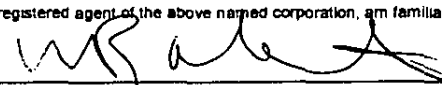
Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33185

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  (Date **11-1-10**)

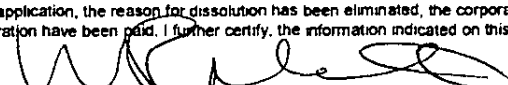
REGISTERED AGENT MUST SIGN

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
D	Miguel Perez-Marante	5102 SW 157th Court	Miami, FL 33185

10. E-mail Address: **MPMARANTE@AMK9.COM**
 (To be used for future annual report notification)

11. 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. I further certify, 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:  **11-1-10**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/10/10