


2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP -8 AM 10:10

DOCUMENT # P07000061121		
1. Entity Name M AND S SCOOTER, INC.		

Principal Place of Business 130 S.W. 62ND STREET APT 538 B GAINESVILLE, FL 32607	Mailing Address 130 S.W. 62ND STREET APT 538 B GAINESVILLE, FL 32607
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2. Principal Place of Business - No P.O. Box # 14673 NS Hwy 3015	3. Mailing Address 842 Parker St
Suite, Apt. #, etc. M 16-17	Suite, Apt. #, etc.

City & State Starke FL	City & State Starke, FL
Zip 32091	Zip 32091
Country USA	Country USA



09022009 REIN-P CR2E098 (1/07)

4. FEI Number 26-0224819	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MONTASER, MAHMOUD M 130 S.W. 62ND STREET APT 538 B GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 842 Parker St City Starke FL Zip Code 32091	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$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 P	<input type="checkbox"/> Delete	TITLE 842 Parker St	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONTASER, MAHMOUD M		NAME Starke, FL	
STREET ADDRESS 130 S.W. 62ND STREET, APT 538B		STREET ADDRESS 300160407403	
CITY-ST-ZIP GAINESVILLE, FL 32607		CITY-ST-ZIP 09/08/09--01067--010 ***300.00	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS STREET ADDRESS		STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS STREET ADDRESS		STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS STREET ADDRESS		STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP	

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:  9-3-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #