

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR 94-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 MAY 27 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075218

1. Corporation Name
M & M CONTRACTORS, INC
2712 N. Ocean Dr. No. 3
Hollywood, FL 33019

Principal Place of Business Mailing Address
2712 N. Ocean Dr. No. 3
Hollywood, FL 33019

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		November 1, 1993	
City & State		City & State		5. FEI Number	
Zip		Country		65-0458023	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
B	Michael Palmiello	2712 N. Ocean Dr. No. 3	Hollywood, FL 33019
			300002194933--1 -05/29/97-01076-004 *****8.75 *****8.75
			REINSTATEMENT 94-97
			O. Alan 5/27/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Edward J. Jennings, Esq 200 SE 18th Ct Ft. Lauderdale, FL 33023		Name 300002194933--1 Street Address (P.O. Box Number is Not Applicable) -05/29/97-01076-005 Suite, Apt. #, Etc. ***1245.00 ***1245.00 City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: Edward J. Jennings
Date: 5/23/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Michael Palmiello 5, 23 97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
954-929-7427

CR2E040 (12/96)