PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
01 MAY -3 AM 8:49

DOCUMENT # P95000095922

1. Corporation Name
M&A Financial, Inc.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
2030 Drew St	2030 Drew St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater Fl	City & State: Clearwater Fl
Zip: 33765 Country: US	Zip: 33765 Country: US

4. Date Incorporated or Qualified To Do Business in Florida 12/19/95

5. FEI Number 59-3349284 ☐ 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: Jack St. Arnold

Street Address (P.O. Box Number is Not Acceptable): 1370 Pinehurst Rd

900004288393--2
-05/22/01--01125--024
****900.00 ****900.00

Suite, Apt. #, Etc.

City: Dunedin | State: FL | Zip Code: 34698

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 _____ REGISTERED AGENT MUST SIGN Date 5/1/01

CR2E081 (9/00)

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
P	McCauley, H. Lee	171 Buena Vista Dr. S.	Dunedin, Fl 34698
ST	McCauley, Shirlee	171 Buena Vista Dr. S.	Dunedin, Fl 34698
VP	Halter, Kelley	2677 Crystal Cir	Dunedin, Fl 34698

10. 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: H. Lee McCauley 5-1-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #