2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000039892

Entity Name: N & M PROPERTIES INC.

FILED Aug 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10242 NW 7TH ST. 9181 NW 24 COURT SUNRISE, FL 33322 SUITE 20 SUNRISE, FL 33351 **New Mailing Address: Current Mailing Address:** 10242 NW 7TH ST. 9181 NW 24 COURT SUITE 20 SUNRISE, FL 33322 SUNRISE, FL 33351 FEI Number: 65-0664686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUSHING, JOANNE RAY, NICOLE 9181 NW 24 CT 9181 NW 24 CT SUNRISE, FL 33322 SUNRISE, FL 33322 US US 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. SIGNATURE: NICOLE RAY 08/17/2009 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete (X) Change () Addition CUSHING, JOANNE CUSHING, JOANNE Name: Name: 9181 NW 24 CT 10155 NW 24 PL UNIT 410 Address: Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: SUNRISE, FL 33322 US Title: Title: () Delete (X) Change () Addition CUSHING, WALT Name: CUSHING, WALT Name: 9181 NW 24 CT 10155 NW 24 PL UNIT 410 Address: Address: FORT LAUDERDALE, FL 33322 SUNRISE, FL 33322 US City-St-Zip: City-St-Zip: Title: Title: () Delete D) Change (X) Addition RAY, NICOLE Name: Name: 9181 NW 24 COURT Address Address: City-St-Zip: City-St-Zip: SUNRISE, FL 33322 US Title: () Delete Title: () Change (X) Addition RAY, JAMIE Name: Name: Address: Address: 9181 NW 24 COURT City-St-Zip: City-St-Zip: SUNRISE, FL 33322 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE RAY D 08/17/2009