

H04000101898

FILED
CLERK OF STATE
CORPORATION

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAY 10 PM 3:43

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000056508

1. Corporation Name

M Marketing Group, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

16720 Senterra Drive

Suite, Apt. #, etc.

3. Mailing Office Address

16720 Senterra Drive

Suite, Apt. #, etc.

City & State

Delray, Florida

City & State

Delray, Florida

Zip

33484

Country

USA

Zip

33484

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/26/97

5. FEI Number

65-0769988

Applied For

Not Applicable

6. CERTIFICATE OF STATUS BUILD ☐See 75. Act required for companies
for an application of status

7. Name and Address of Current Registered Agent

Name

moishe mana

Street Address (P.O. Box Number is Not Acceptable)

16720 Senterra Drive

Suite, Apt. #, Etc.

City

Delray,

State

FL

Zip Code

33484

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0504 or 817.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/7/04

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
Pres.	moishe mana	16720 Senterra Drive	Delray, Fla. 33484

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 807 or 817, 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 807.0401 or 817.0401, 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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

moishe mana

Date 5/7/04

(SU) 498-
6460

Daytime Phone #

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT**M MARKETING GROUP, INC.**

Certificate of Status	0
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