1 OF 2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 DEC 13 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p97000056508

1. Corporation Name
M MARKETING GROUP, INC.

REINSTATEMENT 05

2. Principal Office Address	3. Mailing Office Address
16720 SENTERRA DRIVE	16720 SENTERRA DRIVE
Suite, Apt. #, etc.	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: 06/26/97

5. FEI Number: 65-0769988 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 12/12/05

REGISTERED AGENT MUST SIGN

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, FL 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 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: _____ MOISHE MANA 12/12/05 561-499-6460

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

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B. Mitchell DEC 13 2005

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.

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