FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 AUG 13 PM 5:00

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.

CR2E081 (12/07)

$450.00

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
16720 Senterra Drive	16720 Senterra Drive
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Delray Beach, Florida	City & State: Delray Beach, Florida
Zip: 33484 County: USA	Zip: 33484 County: USA

4. Date Incorporated or Qualified To Do Business In Florida: 06/26/1997

5. FEI Number: 65-0769988 ☐ 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: Moishe Mana

Street Address (P.O. Box Number is Not Acceptable): 16720 Senterra drive

Suite, Apt. #, Etc.

City: Delray | State: FL | Zip Code: 33484

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: 08/13/2008

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, Florida 33484

REINSTATEMENT 06-08

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 contained in Chapter 119, 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 8/13/08 561-499-8460

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

Florida Department of State

Division of Corporations

Public Access System

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:
Division of Corporations
Fax Number : (850)617-6384

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

Please waive the penalties per i ndocument.
-Thank you.

Kimberly x2979

CORPORATION REINSTATEMENT

M MARKETING GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$1,050.00~~

is 450.00

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