

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 27 PM 1:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/23/01

DOCUMENT # 19800005871

1. Corporation Name

M₃ A Financial Management, Inc.

2. Principal Office Address

3333 W. Commercial Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

201

City & State

Ft. Lauderdale

City & State

Florida

Zip

Country

Zip

Country

33309

4. Date Incorporated or Qualified
To Do Business in Florida

1/20/98

5. FEI Number

650808760

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard M. Andzel

500003818425--0

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

3333 W. Commercial Blvd #201

-03/08/01--01028--015

******450.00 ****450.00**

Suite, Apt. #, Etc.

201

City

Ft. Lauderdale

State

FL

Zip Code

33309

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/23/01

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
VP & Sec.	Richard M. Andzel	3333 W. Commercial Blvd, Ft. Lauderdale FL	
President	Anthony R. Mongerthau	Same as above.	33309

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony R. Mongerthau

Date

2/23/01

Daytime Phone #

954/(486 0424)
"0"

M&A Financial
3333 W. Commercial Blvd.
Suite 201
Ft. Lauderdale, Florida 33309

P. Zate

February 23, 2001

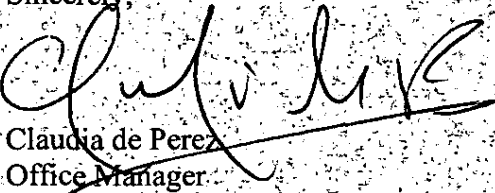
Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: M&A Financial Management, Inc. - Doc. Number P98000005871

To Whom It May Concern:

M&A Financial Management, Inc. was filed with the State of Florida in early January of 1998. The company currently is dissolved in consequence of several management movement which brought a lack of follow up, furthermore, the Division of Corporation sent in September of 1999 a letter informing us of being dissolved in which we did not receive. I spoke with the Division of Corporation, Reinstatement Department and the mailing address was not complete. I would like a waiver since this would be our first time and it is imperative for us to be active with the State of Florida.

Sincerely,


Claudia de Perez
Office Manager