

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 OCT -7 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800008307218--3
-10/10/02--01053--014
****600.00 ****600.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *998000025369*

1. Corporation Name
M & M Survey of Atlantic Beach, Inc.

2. Principal Office Address <i>205 Magnolia Street</i>		3. Mailing Office Address <i>(same)</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Atlantic Beach, FL</i>		City & State	
Zip <i>32233</i>	Country <i>USA</i>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida *03/17/98*

5. FEI Number
59-324-1574

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 *Michael T. Smith*

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

Suite, Apt. #, Etc.

City *Atlantic Beach,* State **FL** Zip Code *32233*

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 *Michael T. Smith* Date *09/12/2002*

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
<i>P, D</i>	<i>Michael T. Smith</i>	<i>205 Magnolia Street</i>	<i>Atlantic Beach, FL 32233</i>

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: *Michael T. Smith* Date *09/12/2002* (904) 241-2552

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

CR2E081 (9/01)

M&M SURVEY OF ATLANTIC BEACH, INC.
265 MAGNOLIA STREET
ATLANTIC BEACH, FLORIDA 32233
PH: (904) 241-2552
FX: (904) 241-7685
EMAIL: SMITH265@AOL.COM

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida, 32314

Reference: Doc. No. P98000025369

Dear Sir:

I wish to advise that unbeknownst to me my corporate entity has been administratively dissolved for failure to file a corporate annual report.

I did not receive the normal reminder to complete and submit the required reports. It was never my intention to have my corporation administratively dissolved and request that it be reinstated and that you please waive the reinstatement fee.

We enclose our check No. 1107 in the amount of \$600.00 in payment of annual fees through calendar year 2002.

Sincerely yours,



Michael T. Smith
President