


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P98000034226**

1. Entity Name  
**M & M METAL FRAMING AND DRYWALL, INC**




Principal Place of Business      Mailing Address  
**6884 WEST 30TH LANE**      **6884 WEST 30TH LANE**  
**HIALEAH, FL 33018**      **HIALEAH, FL 33018**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

05 NOV 29 PM 4: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11152005    REIN-P    CR2E098 (6/04)

4. FEI Number <b>65-0829165</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ESTEBAN, MATA**  
**6884 WEST 30TH LANE**  
**HIALEAH, FL 33018**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*      **President**      **11/16/05**

Signature typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE <b>V</b>	NAME <b>ESTEBAN, MATA</b>	<input type="checkbox"/>
STREET ADDRESS <b>6884 WEST 30TH LANE</b>	CITY-ST-ZIP <b>HIALEAH, FL 33018</b>	
TITLE <b>PD</b>	NAME <b>MENENDEZ, ANGEL</b>	<input type="checkbox"/>
STREET ADDRESS <b>17201 N.W. 78 AVENUE</b>	CITY-ST-ZIP <b>PALM SPRINGS NORTH, FL 33015</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
<b>300061747073</b>			
<b>11/29/05--01029--005 **150.00</b>			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      **11/16/05 (786)326-6689**

Signature and typed or printed name of signing officer or director      Date      Daytime Phone #