PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State **DIVISION OF CORPORATIONS** SECRETARY OF STATE P98000048854 **DOCUMENT #** 1. Corporation Name 00 NOV -3 PM 3: 28 H & M MARKETING, INC. Mailing Address Principal Place of Business 8232 N.W. 103 ST. 8232 N.W. 103 ST. HIALEAH GARDENS FL 33182 HIALEAH GARDENS FL 33182 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 1269 Dw. 9th 1 Date Incorporated or Qualified
 To Do Business in Florida 3. New Mailing Office Address, If Applicable 2669 06/02/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For M<u>iami</u> Mism 65-0842763 City & State Not Applicable \$8.75 Additional Fee required Country 33182 Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers City / State / Zip and/or Directors Title(s) **MIAMI FL 33182** 12669 N.W. 9TH TERR. PD MORALES, CARMEN **600003473496--**-11/21/00--01111--012 \*\*\*\*150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent HALL, KENNETH (P.O. Box Number is Not Acceptable) 761 COCO PLUM CIRCLE #7 **PLANTATION FL 33324** 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. 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: SIGN STATES NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #

0027666



## H&MMARKETING, INC. H&MMARKETING, INC. 12000 NUM. 9th TERR., MIAMI, FL. 33102 PH. (305) 231-0255

October 31, 2000

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

This letter is to notify you of an error in address that occurred and because of such error the delivery of this Annual Report never reached our hands until now. We have notified your office of this change via telephone and now that we have received the annual report we ask you forgive any setbacks caused because of this. Please accept the check enclosed as payment for the Annual Report fee in the amount of \$150.00. Listed below is the address of the previous registered owner and the new registered owner.

PREVIOUS: KENNETH HALL

761 COCO PLUM CIRCLE #7

- PLANTATION, FL 33324

**NEW**: CARMEN MORALES 12669 N.W. 9<sup>TH</sup> TERR.

MIAMI, FL 33182

Thank you very much for your attention to this matter. Should you have any questions regarding this or any other issues please feel free to contact us.

Respectfully yours,

Carmen Morales

President

Doc.# P98000048854