PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P98000103475 **DOCUMENT #**

1. Corporation Name

M. & P. REAL ESTATE CORPORATION

Principal Place of Business 9804 S.W. 4TH TERRACE

MIAM! FL 33174

2. New Principal Office Address, If Applicable	hrough incorrect information and enter correction 3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

FILED

02 JUL 24 PM 12: 24

SECRETARY OF STATE TALLAHASSEE. FLORIDA

incipal Place of Business Mailing Add			dress								
04 S.W. 4TH TERRACE AMF FL 33174		9804 S.W. 4TH TERRACE MIAMI FL 33174									
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f above a	ddresses are i	ncorrect in any way, line th	rough incorrect in	ntormation a	nd enter com	licable	4 Date Income	orated or Qualifled			
New Principal Office Address, If Applicable		3. New Mailing Office Address, If Ap				To Do Busin	4. Date Incorporated or Qualifled To Do Business in Florida 12/11/1998				
uite, Apt. #, etc.		Suite, Apt. #, etc.			<u></u>	5. FEI Number	5. FEI Number Applied Applied Not App				
ty & State	8		City & State					00 000000	receive to	Not Applicabl	
p Country		Zip	Zip		Country 6.		CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requirements for a Certificate of Status				
Names	and Street Add	dresses of Each Officer and	d/or Director (Fl	orida nonpro	fit corporation	ıs must list at l	least 3 directors)				
Title(s)	Name of Officers		. 3		Street Address of Each Officer and/or Director		h City / St		City / State / 2	ate / Zip	
PSD	 	PERFECTO	• • •	9804 S.W. 4TH TERRACE				MIAMI FL 33174			
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8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent					
						Name					
OLIVEIRA, PERFECTO				Street Address (P.O. Box Number is Not Acceptable)							
9804 S.W. 4TH TERRACE		Suite, Apt. #, E			Etc.						
			٠			City	,		State Z	ip Code	
10. I, be	ing appointed	the registered agent of the	above named co	rporation, an	n familiar with	and accept th	ne obligations of Sec	etion 607.0505, F.S.			

City & Stat	<u> </u>		City & Stal	e	<u> </u>		65-0880989	Not Applicable		
Zip		Country	Zip		Country	— 6. CERTIFICAT	E OF STATUS DESIRED \$8.75 Addition of the A Certification of the State of the Certification	onal Fee reduir ficate of Status		
7. Names	and Street Ad	dresses of Each Officer and	J/or Director (F	Florida nonpro	fit corporations must list at	least 3 directors)				
Title(s)	Title(s) Name of Officers and/or Directors		•	3	Street Address of Each		City / State / Zip	City / State / Zip		
PSD	<u> </u>	PERFECTO	• • 1	9804 S.W. 4TH TERRACE		_	MIAMI FL 33174			
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	<u> </u>					us ame A	Address of New Registered Agent			
8. Name and Address of Current Registered Agent				Name						
							- bla			
OLIVEIRA, PERFECTO 9804 S.W. 4TH TERRACE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
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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 reinstalement 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 indicateon this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#EGISTERED AGENT MUST SIGN

7-17-02 305-226-0a

M 7/LY/DZ