03 JAN: 14 AN 9: 23

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEASE READ	ALL INSTI	KUCTIONS BEFO	RE COMPLET	ING THIS FURM.	
CORPORATION REINSTATEMENT) _ s	DEPARTMENT OF ST ecretary of State sion of corporations	ATE		
1111 0000	954-	711-2521			
DOCUMENT # 1. Corporation Name	954-	722-3536 464-3536			
- Metil most	icae -		, 		-
11000 Periwih	Kle la	ene			
Tanarac, FL	33321	/		00010098618 7030111002 **30	.a. ar
2. Principal Office Address	3. Mailing Off	fice Address .	01/14	YU3==U1111==UUZ ***3U	ങ .ര
11000 PERIWINKE.	1p	SAME			
Suite, Apt. #, etc.	Suite, Apt. #, e	etc.	4 -		
				porated or Qualified ness in Florida	-1999
City & State	City & State		5. FEI Numbe		Applied For
Tamarac			65-C	882814	Not Applicable
zip Country 33321 Broward	/ Zip	Country	6. CERTIFICATE	OF STATUS DESIRED S8.75 Addition for a Certification	onal Fee required
	7. Na	ame and Address of Current I	Registered Agent		
Name	~ ·) .			
Street Address (P.O. Box Number is		agner			_
	1WINK	le lano			
Suite, Apt. #, Etc.	10/////	C. IUNE.			-
					
Tamarac				FL 3332/	
8. I, being appointed the registered agent of the ab	ove named corpora	ation, am familiar with and acce	ept the obligations of section	on 607.0505 or 617.0503, F.S.	
Signature of Marie (A W	agreer		Date 1-9-03	
	REGISTERED AGE				
9. Names and Street Addresses of Each Officer a	nd/or Director (Flori				
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
Pres. MARIE A W	agner	11000 Peri	winkle In	Tamarac.t	1.33321
		<u> </u>			
			:		
10. I certify that I am an officer or director or the rec	enver or trustee	noward to avanta this are the	tion on provided for to the	ntos 607 as 647 E 6 15 altres	
this reinstatement application, the reason for dis	solution 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 on this application is true and accurate, and my	a names of individu signature shall/pav	ars risted on this form do not qui to the same legal effect as if ma	ality for an exemption und de under oath.	er section 119.07(3)(i), F.S. The informa	tion indicated

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M & W Mortgage Consultants Inc. 11000 Periwinkle Lane Tamarac, FL 33321 954-722-3536

To who it may concern;

1/09/2003

I would like to re instate my corporation. I did not realize that it had become inactive. I had moved two years ago and I did not receive any of the notices. I had stopped using it 2 years ago. I did not know I had to keep renewing while I was not doing business. Please accept my apologies and reinstate my company and waive the \$ 600.00 fee.

Thank you, Marie A. Wagner 11000 Periwinkle Lane Tamarac, FL 33321 954-722-3536 or 954-464-3536

Marie Wagner