

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED


05 MAY -9 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200054904852
05/20/05--01018--010 **908.75



05042005 REIN-P CR2E098 (6/04)

DOCUMENT # V67796					
1. Entity Name M & M LABOR AND CONSTRUCTION MAINTENANCE, INC.					
Principal Place of Business 5544 PEMBROKE RD. BUILDING OFFICE HOLLYWOOD, FL 33023 US			Mailing Address 5544 PEMBROKE RD. HOLLYWOOD, FL 33021 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0368655	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSS, MARRAN E 5250 SW 21ST STREET W HOLLYWOOD, FL 33023				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 <u><i>Marion E. Moss</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u><i>May 6, 2005</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, WILLIAM A.			NAME	
STREET ADDRESS	4711 SW 19TH ST			STREET ADDRESS	
CITY-ST-ZIP	W HOLLYWOOD, FL 33023			CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, MARIAN E.			NAME	
STREET ADDRESS	4711 SW 19TH ST			STREET ADDRESS	
CITY-ST-ZIP	W HOLLYWOOD, FL 32303			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <u><i>Marion E. Moss</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u><i>May 6, 2005</i></u> (954) 961-9146 <small>Daytime Phone #</small>	