

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000081103

FILED
Oct 29, 2007
Secretary of State

Entity Name: M2 BUSINESS CONSULTING, INC.

Current Principal Place of Business:

146 THORNTON DR
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

PO BOX 33627
PALM BEACH GARDENS, FL 33420

New Mailing Address:

FEI Number: 05-0602992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIS, PAMELA C
P.O. BOX 33627
PALM BEACH GARDENS, FL 33420 US

Name and Address of New Registered Agent:

MATHIS, PAMELA C
146 THORNTON DR
PALM BEACH GARDENS, FL 33418 US

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.

SIGNATURE: PAM MATHIS

10/29/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MERCHANT, SHARON J
Address: 146 THORNTON DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VD () Delete
Name: MATHIS, DONALD B
Address: 146 THORNTON DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ST () Delete
Name: MATHIS, PAMELA C
Address: 146 THORNTON DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM MATHIS

RA

10/29/2007

Electronic Signature of Signing Officer or Director

Date