

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000030715

1. Corporation Name

MLA INC.

2. Principal Office Address

11226 68th St. N.

Suite, Apt. #, etc.

City & State

West Palm Bch Fla

Zip

33412

Country

U.S.A.

3. Mailing Office Address

11226 68th St. N.

Suite, Apt. #, etc.

City & State

West Palm Bch Fla

Zip

33412

Country

U.S.A.

FILED
FILED
21 AM 9:56
05 MAR 21 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-05

4. Date Incorporated or Qualified
To Do Business in Florida

3/31/99

5. FEI Number

65-0914064

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael E. Robinson

Street Address (P.O. Box Number is Not Acceptable)

11226 68th St. N.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33412

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael Robinson

REGISTERED AGENT MUST SIGN

Date

3-15-05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VS	LUISA CAMERO	11226 68th St. N.	W.P.B. Fla. 33412
P	Michael E. Robinson	11226 68th St. N.	W.P.B. Fla. 33412

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03/29/05--01067--004 **900.00

10. 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:

Michael Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05

Date

561/722-5650

Daytime Phone #

CR2E081 (01/05)