

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 24 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 344986

1. Corporation Name

M-F, INC.

200121099382
03/24/08--01036--013 **4050.00

2. Principal Office Address - No P.O. Box #

6401 SW 87 AVENUE

Suite, Apt. #, etc.

SUITE 210

City & State

MIAMI, FL

Zip

33173

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 82-08
CR2E081 (12/02)

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/22/1969

5. FEI Number

52-1123760

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

WILLIAM R. CRANSHAW

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

6401 SW 87 AVENUE

Suite, Apt. #, Etc.

SUITE 210

City

MIAMI, FL

State

FL

Zip Code

33173

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

William R. Cranshaw

Date

3/1/08

REGISTERED AGENT MUST SIGN

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
PD	MARIA C. MEYERS	436 HARBOUR DRIVE	DUCK KEY, FL 33050
T	WILLIAM R. CRANSHAW	111 SE 3 AVE, APT 101	DANIA BEACH, FL 33004

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria C. Meyers MARIA MEYERS

Date

3/6/08 (305) 743-8539

Daytime Phone #