

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Kathleen Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 675112</b>			
1. Corporation Name <b>M. BERNAL, Inc.</b>			
2. Principal Office Address <b>7364 S.W. 60 ST</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>7364 S.W. 60 ST</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33143</b>	Country <b>U.S.A.</b>	Zip <b>33143</b>	Country <b>U.S.A.</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>6/26/80</b>		5. FEI Number <b>592013357</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name <b>Maria E. Bernal</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>7364 S.W. 60 ST</b>			
Suite, Apt. #, Etc. <b>500004597055</b> <b>-09/18/01--01048--013</b> <b>***\$500.00 ***\$00.00</b>			
City <b>Miami,</b>		State <b>FL</b>	Zip Code <b>33143</b>
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 <b>Maria E. Bernal</b>		Date <b>9/11/01</b>	
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
DP	Maria E. Bernal	7364 SW 60 ST	Miami, FL 33143
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 617.0402, 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: <b>Maria E. Bernal</b>		Date <b>9/11/01</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>(305) 668-6077</b> <b>(305) 389-7193</b>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CP2E001 (9/00)

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**September 11, 2001**

**Florida Department of State  
Katherine Harris  
Secretary of State  
Division of Corporations**

**To Whom It May Concern:**

**This morning as we were trying to finish the paperwork to proceed with the closing our home, it was brought up to my attention that M. Bernal Inc. had an inactive status as a Florida Corporation.**

**The reasons that I have not kept up was simply lack of knowledge. We have moved my husband's business from the address listed and the mail was never forwarded to me. This is a small corporation with only myself as an employee, and I have no experience in this matters. My accountant always took care of this paperwork for me, but he has since retired.**

**I hope you can forgive the \$600.00 reinstatement fee, as it would place a tremendous strain on my already too low budget.**

**Sincerely,**



**Maria E. Bernal**