

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H74846**

1. Corporation Name

M.L.M.L.N.L.G.L. CORP.

Principal Place of Business

126 N.E. 2ND ST.
BOCA RATON FL 33432

Mailing Address

~~126 N.E. 2ND ST.~~
~~BOCA RATON FL 33432~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

2213 E ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

POMPANO BEACH FL

Zip

Country

Zip

Country

33062

BROWARD

REINSTATEMENT **95-96**

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1995

5. FEI Number

59-2839263

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	LEGAIS, NIKITAS	126 N.E. 2ND STREET	BOCA RATON FL 33432
VSTD	LEGAIS, MANNY	126 NE 2ND STREET	BOCA RATON FL 33432

400002010644--5

-11/21/96--01019--002

*****\$75.00 ***\$75.00**

JB11-18-96

8. Name and Address of Current Registered Agent

LEGAIS, MANNY
126 N.E. 2ND STREET
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-14-95

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 REQUIRED
MANNY LEGAKIS

Date

Daytime Phone #

10-9-96 (407) 338-5858