

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG 23 AM 10:42

DOCUMENT # H74846

1. Corporation Name

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

700004562727--3  
-08/29/01--01094--019  
\*\*\*\*900.00 \*\*\*\*900.00

2. Principal Office Address

128 NE 2ND ST

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33432

Country

USA

3. Mailing Office Address

900 E. ATLANTIC BLVD

Suite, Apt. #, etc.

SUITE 17

City & State

POMPAU BEACH FL

Zip

33060

Country

USA

**REINSTATEMENT** 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

2-25-87

5. FEI Number

59-2839263

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

MANNY LEGAKIS

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

128 NE 2ND ST

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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

*Manny Legakis*

REGISTERED AGENT MUST SIGN

Date 8-20-01

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	NIKITAS LEGAKIS	128 NE 2ND ST	BOCA RATON FL 33432
VSTD	MANNY LEGAKIS	128 NE 2ND ST	BOCA RATON FL 33432

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:

*Manny Legakis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-01 954-783-5830

Date

Daytime Phone #

CR2E081 (9/99)