

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY -6 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200168428562

02/10/10--01028--018 **138.75

CR2E041 (11/09)

DOCUMENT #

L05000009422

1. Limited Liability Company's Name

MLI and Company

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

7912 W. Pochontas Ave

Suite, Apt. #, etc.

3. Mailing Office Address

7912 W Pochontas Ave

Suite, Apt. #, etc.

City & State

Tampa

Zip

33615

Country

Hillborough

City & State

Tampa

Zip

33615

Country

Hillborough

State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

27001840

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Franklyn I Hernandez

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

7912 W. Pochontas Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33615

☒ A \$100 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 \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 2-5-2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Franklyn I Hernandez	7912 W. Pochontas Ave	Tampa FL 33615

REINSTATEMENT

09-10
05-10

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05/07/10--01012--012 **138.75

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of

Managing Member/Manager

[Signature]

Date

2/5/10

Daytime Phone #

(813) 433 3616

Typed or printed name of signing Managing Member/Manager

Frank Hernandez