

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000079218

FILED
Nov 15, 2010
Secretary of State

Entity Name: M & F BUSINESS ENTERPRISES, LLC

Current Principal Place of Business:

12460 NW 15TH STREET
APT. 6203
SUNRISE, FL 33323 US

New Principal Place of Business:

15 W HARBOUR ISLES DRIVE
NO. 203
FORT PIERCE, FL 34949 US

Current Mailing Address:

12460 NW 15TH STREET
APT. 6203
SUNRISE, FL 33323 US

New Mailing Address:

15 W HARBOUR ISLES DRIVE
NO. 203
FORT PIERCE, FL 34949 US

FEI Number: 27-0766003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALVAREZ, MARCELINO M.D.
12460 NW 15TH STREET
APT. 6203
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

ALVAREZ, MARCELINO M.D.
15 W. HARBOUR ISLES DRIVE
NO. 203
FORT PIERCE, FL 34949 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARCELINO ALVAREZ, M.D.

11/15/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ALVAREZ, MARCELINO M.D.
Address: 15 W. HARBOUR ISLES DRIVE
City-St-Zip: FORT PIERCE, FL 34949 US

Title: MGRM
Name: ESCLOPIS, FERNANDO M.D.
Address: 6201 N. SUNCOAST BLVD.
City-St-Zip: CRYSTAL RIVER, FL 344286712 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARCELINO ALVAREZ, M.D.

PRES

11/15/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date