

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -4 PM 1:51

DOCUMENT # **L44623**

1. Corporation Name

M & L CORPORATION

Principal Place of Business

6443 BIRD ROAD
MIAMI FL 33155

Mailing Address

6443 BIRD ROAD
MIAMI FL 33155

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1990

5. FEI Number

65-0247401

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
RA	VALDES, GEORGINA	6443 BIRD ROAD	MIAMI FL 33155

700001997477--6
11/06/96 01032-025
0000375.00 0000375.00

8. Name and Address of Current Registered Agent

VALDES, GEORGINA
6443 BIRD ROAD
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name
Mario Sueiras
Street Address (P.O. Box Number is Not Acceptable)
8224 S. W. 84 Ave.
Suite, Apt. #, Etc.
City
Miami, FL
State
FL
Zip Code
33143

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

REQUIRED
REGISTERED AGENT MUST SIGN

Date **9-19-96**

11. 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.)

12. 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: **Georgina Valdes**
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Georgina Valdes

Date **9-19-96 (305) 665 1023**
Deputy Phone #