

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000076623

**1. Corporation Name**

M + L TECH SERVICES INC.

6521 WEST 12TH LANE

HIALEAH FL 33012

**2. Principal Office Address**

6521 WEST 12TH LANE

Suite, Apt. #, etc.

City & State

HIALEAH FL

Zip

33012

Country

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUN -8 AM 8:00

**REINSTATEMENT** 02-04

300037757383 MKD  
06/08/04--01011--018 \*\*1050.00

**4. Date Incorporated or Qualified**

To Do Business in Florida 08/07/2000

**5. FEI Number**

65-1035763

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

CASTANEDA, MARIO

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

6521 WEST 12TH LANE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

**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

REGISTERED AGENT MUST SIGN

Date 06/03/2004

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| D/P    | CASTANEDA, MARIO                     | 6521 WEST 12TH LANE                               | HIALEAH FL 33012   |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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)(l), 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:**

MARIO CASTANEDA, P. 06/03/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)