

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -4 PM 1:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000063206

1. Corporation Name

MHL ENTERPRISES INC

REINSTATEMENT 03

000024417310
11/04/03--01060--011 **150.00

2. Principal Office Address

6943 GIRALDA CIRCLE

3. Mailing Office Address

6943 GIRALDA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

Country

33433

PALM BEACH

Zip

Country

33433

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

6/26/2001

5. FEI Number

651098567

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

LEVY YEHEZKEL

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

6943 GIRALDA CIRCLE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

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 X

REGISTERED AGENT MUST SIGN

Date 10-30-03

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
PVD	LEVY YEHEZKEL	6943 GIRALDA CIRCLE	BOCA RATON FL 33433
ST	LEVY MARGARET	6943 GIRALDA CIRCLE	BOCA RATON FL 33433

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-03

Date

561-271-7111

Daytime Phone #

MHL Enterprises Inc.
6943 Giralda Circle
Boca Raton FL. 33433

October 29, 2003

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee FL. 32399

RE: Reinstatement

Dear Sir

We have not received the renewal notice from the department .We are enclosing the reinstatement form and the fee.

Thank You,



Yehezckel Levy