

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000066569

**FILED**  
**May 14, 2012**  
**Secretary of State**

**Entity Name:** M&G ACLF, INC.

**Current Principal Place of Business:**

15900 NE 19TH CT.  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

15900 NE 19TH CT.  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 65-1144525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, MIRLANDE J  
15900 NE 19TH CT.  
NORTH MIAMI BEACH, FL 33162 US

**Name and Address of New Registered Agent:**

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:** MIRLANDE J. JONES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DV  
**Name:** JONES, MIRLANDE J  
**Address:** 15900 NE 19TH CT.  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

**Title:** DS  
**Name:** PRESSAGE, RENEE  
**Address:** 15900 NE 19TH CT.  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

**Title:** DPT  
**Name:** LOUHISDON, GUY R  
**Address:** 15900 NE 19TH CT.  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MIRLANDE J. JONES

DS

05/14/2012

Electronic Signature of Signing Officer or Director

Date