

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 19 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108949

1. Corporation Name

M & F SERVICES OF ORLANDO, INC.

Principal Place of Business

1610 CAPESTERRE DR
ORLANDO FL 32824

Mailing Address

1610 CAPESTERRE DR
ORLANDO FL 32824

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

11/13/2001

5. FEI Number

59-3761078

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MONSALVE, JORGE	1610 CAPESTERRE DR	ORLANDO FL 32824
D	FAJARDO, CLAUDIA	1610 CAPESTERRE DR	ORLANDO FL 32824
D	VALENCIA, OTONIEL	1610 CAPESTERRE DR	ORLANDO FL 32824

000008624580

10/28/02--01078--006 **750.00

8. Name and Address of Current Registered Agent

VALENCIA, OTONIEL
1610 CAPESTERRE DR
ORLANDO FL 32824

9. Name and Address of New Registered Agent

Name

CLAUDIA FAJARDO

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

1610 CAPESTERRE DR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32824

CR2ED40 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Claudia Fajardo
REGISTERED AGENT MUST SIGN

Date

11/13/02

11. 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:

Claudia Fajardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/02

Daytime Phone #