

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 10 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000009420

1. Corporation Name

M. ENTERPRISES, INC.

**REINSTATEMENT** 07

100025388081  
12/10/03--01034--021 \*\*150.00

2. Principal Office Address

1206 12TH WAY

Suite, Apt. #, etc.

City & State

W. PALM BEACH, FL.

Zip

33407

Country

U.S.A.

3. Mailing Office Address

1206 12TH WAY

Suite, Apt. #, etc.

City & State

W. PALM BEACH, FL

Zip

33407

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

01-28-2002

5. FEI Number

03-0381635

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

ANDRES MEJIA

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

1206 12TH WAY

Suite, Apt. #, Etc.

City

W. PALM BEACH

State

FL

Zip Code

33407

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

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
P/D	ANDRES MEJIA	1206 12TH WAY W. PALM BEACH, FL	W. PALM BEACH, FL 33407
VP/D	CARLOS ARBOLEDA	6034 SHERWOOD GLEN WAY	W. PALM BEACH, FL 33415

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:

Andres Mejia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/06/03

Date

Daytime Phone #

(561) 965-0998

CR2E081 (10/02)

December 8, 2003

Re: M. Enterprises, Inc.  
P02000009420

To Whom It May Concern:

I contacted your offices last week and was told to write to you in reference to the dissolution of our corporation.

Apparently you were not informed of our new address and we never received a notice and only found out because the bank informed us.

Enclosed is the check for \$150.00 for the Uniform Business Report. Our new address is:

M. Enterprises, Inc.  
1206 12<sup>th</sup> Way  
West Palm Beach, Fl. 33407

Sincerely,

  
Alberto Miquel