

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000050179

1. Corporation Name

M & L MEDICAL INSTITUTE INC

Principal Place of Business

330 SW 27TH AVENUE  
SUITE 504  
MIAMI FL 33125

Mailing Address

330 SW 27TH AVENUE  
SUITE 504  
MIAMI FL 33125

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7902 NW 36 ST  
Suite, Apt. #, etc.

202  
City & State

MIAMI FL

Zip Country  
33166 USA

3. New Mailing Office Address, If Applicable

7902 NW 36 ST  
Suite, Apt. #, etc.

202  
City & State

MIAMI FL

Zip Country  
33166 USA

REINSTATEMENT 03-04



400030121984

03/09/04--01061--006 \*\*150.00

4. Date Incorporated or Qualified To Do Business in Florida 05/07/2002

5. FEI Number 03-0437642 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	VALES, MARTHA	<del>330 SW 27TH AVENUE UNIT 504</del> 7902 NW 36 ST SUITE 202	<del>MIAMI FL 33125</del> MIAMI FL 33166

400030121984  
03/09/04--01061--007 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALES, MARTHA

~~330 SW 27TH AVENUE~~  
~~SUITE 504~~  
~~MIAMI FL 33125~~  
6735 West 25 DRIVE  
BLDG 5, UNIT 22  
HIALEAH, FL 33016

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

REGISTERED AGENT MUST SIGN

Date 2/24/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/24/04

Daytime Phone #

CR2E040 (7/03)

M & L MEDICAL INSTITUTE INC  
7902 NW 36<sup>TH</sup> STREET STE 202  
Miami, Florida 33166

March 2, 2004

To: Florida Department of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, Florida 32314

Re: Reinstatement Request/Annual Report

To Whom It May Concern:


We request that you consider reinstating our corporation with your department based on reasonable cause.

Today, our bank informed us that during their internal review, our corporation is currently inactive. It appears that it is because the address you have on file is incorrect. We moved our office to 7902 NW 36<sup>TH</sup> Street Suite 202 Miami, FL 33166, consequently, the annual report may not have been received or it was lost during our move to our new office, therefore, the payment was not made. We are attaching copy of our lease agreement that shows the date of our relocation.

We are attaching an application for reinstatement for 2004 with payment showing our change of address to the number shown in the previous paragraph.

Finally, thank you for your attention to this matter and consideration to our request to reinstate our corporation to active status and abate any penalties due.

Sincerely,

  
Marta Vales  
President