

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000050179

Entity Name: M & L MEDICAL INSTITUTE INC

**FILED**  
**Oct 24, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

7902 NW 36 ST.  
#202  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

7902 NW 36 ST.  
#202  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 03-0437642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VALES, MARTHA  
8735 NW 149 TERRACE  
MIAMI LAKES, FL, FL 33018 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: MARTHA VALES

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RAMIREZ, LUIS  
Address: 7902 NW 36 ST.,STE. 202  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LUIS RAMIREZ

P

10/24/2006

Electronic Signature of Signing Officer or Director

Date