2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# P02000050179

Entity Name: M & L MEDICAL INSTITUTE INC

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 (X)**

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:

VALES, MARTHA
8735 NW 149 TERR
MIAMI LAKES, FL 33018 US

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: LUIS RAMREZ 10/13/2009
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: P (X) Change ( ) Addition
Name: RAMIREZ, LUIS
Address: 7902 NW 36 ST.STE. 202
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify 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 10/13/2009
Electronic Signature of Signing Officer or Director Date