

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -4 AM 11:13

DOCUMENT # P02000080431

1. Corporation Name

ML Builders Services, Inc.

700025427057
12/11/03--01060--031 **150.00

2. Principal Office Address

14330 SW 286 St.

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33033

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

7/24/02

5. FEI Number

22-3860647

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Pedro Linares

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

14330 SW 286 St.

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33033

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

Pedro Linares

Date 12/3/03

REGISTERED AGENT MUST SIGN

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	Pedro Linares	14330 SW 286 St.	Homestead FL 33033

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:

Pedro Linares

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/03

Date

786-546-1520

Daytime Phone #

CR2E081 (10/02)

December 3, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: ML Builders Services, Inc.
Doc. #P02000080431

To Whom It May Concern;

I am writting to inform you that I have not received my annual report for 2003. Enclosed is a check in the amount of \$150.00 to reinstate my corporation and ask that you please waive the penalty fee. I thank you in advance for your consideration and time.

Sincerely,

Pedro Linares