FROM : FAX NO. : Jan. 18 1998 03:52AM P1

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 04 MAR 30 AM 11: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000118197

1. Corporation Name: M & L ENTERPRISES OF MIAMI,CORP.
10150 EAST BAYHARBOR DRIVE APT 2
BAYHARBOR ISLAND, FL 33154

REINSTATEMENT 03-04

200031358192
03/29/04--01097--015 **900.00

2. Principal Office Address	**3.** Mailing Office Address
18625 S.W. 105 PLACE	18625 SW 105 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33157 Country: DADE	Zip: 33157 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 46-0505614 ☐ 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: GUSTAVO D MARTIN

Street Address (P.O. Box Number is Not Acceptable): 10150 EAST BAYHARBOR DRIVE APT # 2

Suite, Apt. #, Etc.: APT # 2

City: BAYHARBOR ISLAND, FL 33154 State: FL Zip Code: 33154

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E093 (01/04)

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
TSD	MARTIN, GUSTAVO D	17640 S. DIXIE HWY	MIAMI FL 33157
PD	VELAZQUEZ, ARMANDO D	17640 S. DIXIE HWY	MIAMI FL 33157
VD	MARTINEZ, JOSE O	17640 S. DIXIE HWY.	MIAMI FL 33157

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: _____ 03/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #