

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

07 APR 23 PM 12:51

STATE OF FLORIDA TALLAHASSEE, FLORIDA

400101360714 05/03/07--01020--025 **450.00

REINSTATEMENT 05-07 CR2001 (1/07)

DOCUMENT # P03000152318

1. Corporation Name

MIF & COMPANY, INC. 9350 BAY PLAZA BLVD. SUITE 120 TAMPA, FL 33619

2. Principal Office Address - No P.O. Box #

9350 BAY PLAZA BLVD.

3. Mailing Office Address

9350 BAY PLAZA BLVD.

Suite, Apt. #, etc.

SUITE 120

Suite, Apt. #, etc.

SUITE 120

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33619

Country

U. S. A.

Zip

33619

Country

U. S. A.

4. Date Incorporated or Qualified To Do Business in Florida

1/05/04

5. FEI Number

54-2137129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

10.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARIA ISABEL FLORES

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

1511 HOLEMAN DRIVE

Suite, Apt. #, Etc.

City

VALRICO

State

FL

Zip Code

33594

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P, MARIA ISABEL FLORES, 1511 HOLEMAN DRIVE, VALRICO, FL 33594. Includes handwritten signature and date 4/28.

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 contained in Chapter 119, 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:

MARIA ISABEL FLORES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Handwritten signature and date 17 April 07

Cell 786 7436266