PLEASE READ A' INSTRUCTIONS BEFORE COMP TING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR 23 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REINSTATEMENT 05-07

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 #	3. Mailing Office Address
9350 BAY PLAZA BLVD.	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 [ ] $8.75 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 617.0503, 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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARIA ISABEL FLORES	1511 HOLEMAN DRIVE	VALRICO, FL 33594
	$24/28		

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 17/April/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Cel. 7869436266