

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAR 20 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # Services By M&T, Inc.**

1. Corporation Name

P03000154156

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

117 E. AMELIA ST

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

Zip

32801

Country

USA

3. Mailing Office Address

117 E. AMELIA ST

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

Zip

32801

Country

USA

600120820816  
03/20/08--01004--025 \*\*2883.75

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/2003

5. FEI Number

20-0529803

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

PHILIP LEADER

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

117 E. AMELIA ST

Suite, Apt. #, Etc.

City

ORLANDO

State  
**FL**

Zip Code

32801

☒ 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

REGISTERED AGENT MUST SIGN

Date 03/18/2008

**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	Larry Miles Robinson	22350 Hallcourt Lane	Southfield, MI 48034

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: Larry Miles Robinson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/2008 310-854-9483

Date

Daytime Phone #