

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000063013			
1. Entity Name M.L.F.M. CORPORATION.			
Principal Place of Business 175 PINTA CIRCLE MERRITT ISLAND, FL 32953		Mailing Address 175 PINTA CIRCLE MERRITT ISLAND, FL 32953	
2. Principal Place of Business 7200 N. ATLANTIC AVE. Suite, Apt. #, etc.		3. Mailing Address AVE. Suite, Apt. #, etc.	
City & State CAPE CANAVERAL FL.		City & State FL.	
Zip 32920	Country USA	Zip 32920	Country USA
4. FEI Number 65-1224090		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAGANCA, MARIA D 175 PINTA CIRCLE MERRITT ISLAND, FL 32953		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Maria Braganca</i></u> DATE: <u>10-6-05</u> (Signature, typed or printed name of registered agent and title if applicable. (Both Registered Agent signature required when renewing.)			
FILE NUMBER FEE IS \$700.00 After January 1, 2006, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRAGANCA, MARIA D 175 PINTA CIRCLE MERRITT ISLAND, FL 32953 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200060458582 10/11/05--01002--011 **750.00 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Maria Braganca</i></u> DATE: <u>10-6-05</u> 3214530552 (Signature and typed or printed name of business officer or director)			

FILED

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