

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 OCT 11 AM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000135280

1. Corporation Name

M.A. & COMPANY, INC

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

2415 N. MONROE ST

Suite, Apt. #, etc.

Suite # 225

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

900186557889  
10/12/10--01001--011 \*\*1050.00

CR26081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☐ 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

MOHSIN ALI

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

625 ARBOR STATION LANE

Suite, Apt. #, Etc.

# 20

City

TALLAHASSEE, FL

State

FL

Zip Code

32312

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

MOHSIN ALI

REGISTERED AGENT MUST SIGN

Date

10/11/10

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	MOHSIN ALI	LORDS & BARONS 2415 N. MONROE ST	TALLAHASSEE, FL-32303

REINSTATEMENT 08-10

10. E-mail Address: lordsandbarons@hotmail.com  
(To be used for future annual report notification)

11. 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. I further certify, 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:

MOHSIN ALI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/10

Date

Daytime Phone #