


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000138480		
1. Entity Name ML ENTERPRISE SERVICES, INC.		

FILED

2008 MAR 17 AM 7:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 19434 CORTEZ BLVD. BROOKSVILLE, FL 34601	Mailing Address 1638 MOUNTAIN ASH WAY NEW PORT RICHEY, FL 34655
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REINSTATEMENT
03122008 REIN-P CR2E098(1/07) 01108

2. Principal Place of Business - No P.O. Box # 4521 GRAND BOULEVARD	3. Mailing Address 4521 GRAND BOULEVARD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NEW PORT RICHEY, FL	City & State NEW PORT RICHEY, FL	4. FEI Number 20-5893318	Applied For Not Applicable
Zip 34652	Country US	Zip 34652	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LUCARELLA, MARIA 1638 MOUNTAIN ASH WAY NEW PORT RICHEY, FL 34655	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T LUCARELLA, MARIA 1638 MOUNTAIN ASH WAY NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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300120418093
03/17/08--01005--010 **\$300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Maria Lucarella</u>	3-12-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

3. Mitchell MAR 17 2008