

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P07000089142**

1. Entity Name  
**MAJOR LEAGUE BUILDERS, INC.**

Principal Place of Business  
**327 S.W. 81ST AVENUE  
MIAMI, FL 33144**

Mailing Address  
**327 S.W. 81ST AVENUE  
MIAMI, FL 33144**



FILED  
09 MAR 16 PM 3: 35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business - No P.O. Box #  
**332 SW 81ST AVE**

3. Mailing Address  
**332 SW 81ST AVE**

Suite, Apt. #, etc.  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33144**

Country  
**FL**



**REINSTATEMENT**  
0218-009 REINSTATEMENT FEE 98 (1/01/09)  
4. FEI Number  
**14-2005556**

Applied For  
☐ Not Applicable

6. Name and Address of Current Registered Agent  
**MENDEZ, JOSE F  
327 S.W. 81ST AVENUE  
MIAMI, FL 33144**

7. Name and Address of New Registered Agent  
Name  
**JOSE F MENDEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**332 SW 81ST AVE**  
City  
**MIAMI** FL Zip Code  
**33144**

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  
*[Signature]*  
NOTE: Registered Agent signature required when reinstating

DATE  
**2-18-09**

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDEZ, JOSE F 327 S.W. 81ST AVENUE MIAMI, FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MENDEZ, JOSE F 327 S.W. 81ST AVENUE MIAMI, FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres MENDEZ, JOSE F 332 SW 81ST AVE MIAMI, FL 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec MENDEZ, JOSE F 332 SW 81ST AVE MIAMI, FL 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**2-18-09**

Daytime Phone #  
**305-262-1466**