


2014 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

14 AUG -5 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11000044480					
1. Entity Name MD LABOR CONSTRUCTION INC					
Principal Place of Business 1042 WYOMING AVENUE FORT LAUDERDALE, FL 33312 US			Mailing Address 1042 WYOMING AVENUE FORT LAUDERDALE, FL 33312 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 45-2176084	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MERLIEN, DIVESTON 1042 WYOMING AVENUE FORT LAUDERDALE, FL 33312			Name <u>Meranie Merlien</u> Street Address (P.O. Box Number is Not Acceptable) <u>1042 Wyoming Ave</u> <u>Fort Lauderdale</u> City <u>FL</u> Zip Code <u>33312</u>		
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>Meranie Merlien</u> <u>8-5-14</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERLIEN, DIVESTON		NAME	900263010039	
STREET ADDRESS	1042 WYOMING AVENUE		STREET ADDRESS	08/06/14--01001--011 **500.00	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33312		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERLIEN, MERANIE L		NAME	900263010039	
STREET ADDRESS	1042 WYOMING AVENUE		STREET ADDRESS	08/06/14--01001--012 **400.00	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33312		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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>Meranie Merlien</u> <u>8-5-14</u> <u>mdlaborenterprises@yahoo.com</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		E-MAIL ADDRESS



08052014 REIN-P CR2E098 (12/11)

FL 33312

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