

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

11 FEB 14 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008-0011
CRG 2/15/11

DOCUMENT # P95000010678

1. Corporation Name

M & L Investments, Inc.

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

18 Via DeLuna Drive, Unit PH6

Suite, Apt. #, etc.

3. Mailing Office Address

18 Via DeLuna Dr., Unit PH6

Suite, Apt. #, etc.

City & State

Pensacola Beach, FL

Zip

32561

Country

USA

City & State

Pensacola Beach, FL

Zip

32561

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/8/1995

5. FEI Number

593323431

☐ 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

Gary B. Leuchtman

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

501 Commendancia Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32502

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

REGISTERED AGENT MUST SIGN

Date

1/20/11

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
PD	Robert Rinke	18 Via DeLuna Dr., Unit PH6	Pensacola Beach, FL 32561
VD	Mark Lyons, III	77 Baybridge Office Park	Gulf Breeze, FL 32561
STD	Abby Rinke	18 Via DeLuna Dr., Unit PH6	Pensacola Beach, FL 32561

10. E-mail Address: abbylrinke@aol.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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/11

Daytime Phone #