PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham 'FOR ' Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED P950000 49403 DOCUMENT # 97 AUG -6 AM 10: 52 1. Corporation Name M & L Consulting and Service, Inc. DECKETTAGE OF STATE FALLAHASSEE, FLORIDA WA7-16781 Mailing Address Principal Place of Business 7505 Cedarwood Circle same 33434 Boca Ratony FL REINSTATEMENT 96-92 If above addresses are incorrect in any way, tine through incorrect information and enter correction below. Date Incorporated or Qualified
To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable SAME SAME 6/21/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 65-0588125 Applied For Not Applicable City & State City & State \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED X Country for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) Boca Raton, FL 33434 7505 Ordarwood Circle Adam J. Delvecchio Pres. 700000元元元 2007元元 -01124--004 ******8.75 ******** 75 **002263460--**-08/11/97--01124--005 ****915.00 9. Name and Address of New Registered Ag 8. Name and Address of Current Registered Agent Adam J. Delvecchio Smith, Lawrence J. 412 S.E. 18th Street Streat Address (P.O. Box Number is Not Acceptable) 7505 Cedarwood Circle Fort Louderdale, FL 33316 Suite, Apt. #, Etc. State Zip Code 33434 Boca Raton 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes L 12. 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 filling 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

OF SIGNING OFFICER OR DIRECTOR

7/15/97

551-479-1608

Daytime Phone #