

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 20 AM 9: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104850

**1. Corporation Name**

M & L UNLIMITED INC

13064 SW 26TH STREET  
13064 SW 26TH STREET

**2. Principal Office Address**

13064 SW 26TH STREET

**3. Mailing Office Address**

13064 SW 26TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

Zip

33027

Country

USA

Zip

33027

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 12/17/1998

**5. FEI Number**

65-0883729

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

LOURDES FEIJOO

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

13064 SW 26TH STREET

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

**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

*LOURDES FEIJOO*

Date

12/17/04

REGISTERED AGENT MUST SIGN

**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
P/T/D	LOURDES FEIJOO	13064 SW 26TH STREET	MIRAMAR, FL 33027
VP/S/D	MANUEL V FEIJOO	13064 SW 26TH STREET	MIRAMAR, FL 33027

**10. 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 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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/17/04 3052657505

Daytime Phone #

CR2E081 (01/04)