

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000001078**

1. Corporation Name

M.H.L. REAL ESTATE CORP.

Principal Place of Business

469 WEST 83RD STREET
HIALEAH FL 33014

Mailing Address

469 WEST 83RD STREET
HIALEAH FL 33014

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. *Street Store Ents*

City & State *Hialeah, Fla.*

Zip *33014* Country *U.S.A.*

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. *Store*

City & State *Hialeah*

Zip *3607* Country *U.S.A.*

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1999

5. FEI Number

65-0888218

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FIUR, FRANK	469 WEST 83RD STREET	HIALEAH FL 33014

8. Name and Address of Current Registered Agent

FIUR, FRANK
469 WEST 83RD STREET
HIALEAH FL 33014

9. Name and Address of New Registered Agent

Name *Frank Fiur*
Street Address (P.O. Box Number is Not Acceptable)
469 W. 83RD STREET
Suite, Apt. #, Etc. *STORE - OFFICE*
City *HIALEAH* State **FL** Zip Code *3607*

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. or 617.0505, F.S.

Signature of
Registered Agent

Frank Fiur
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-31-03**

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Fiur
Date

Daytime Phone #

CH2E040 (7/03)