

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT 29 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000003298

1. Corporation Name

MFLP, Inc.

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

212 N 14th St.

Suite, Apt. #, etc.

City & State

Fernandina Beach, Florida

Zip

32034

Country

USA

3. Mailing Office Address

212 N 14th St.

Suite, Apt. #, etc.

City & State

Fernandina Beach, Florida

Zip

32034

Country

USA

100162312751
10/29/09--00034--1002 **150.00
REINSTATEMENT 09

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
593554035

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
Brian K. McCarthy

Street Address (P.O. Box Number is Not Acceptable)
212 N. 14th St.

Suite, Apt. #, Etc.

City
Fernandina Beach

State
FL

Zip Code
32034

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

Brian K. McCarthy

REGISTERED AGENT MUST SIGN

Date October 7, 2009

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
Director	Brian K. McCarthy	212 N. 14th St.	Fernandina Beach, Florida 32034

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 contained in Chapter 119, 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:

Brian K. McCarthy
Brian K. McCarthy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 7, 2009 1-904-206-1255
Date Daytime Phone #

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