

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 17 PM 4:59

DOCUMENT # P99000014754

1. Corporation Name

M+D Limited, Inc

2. Principal Office Address

3. Mailing Office Address

4149 S.W. 47<sup>th</sup> AVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2B

"

City & State

City & State

FT. LAUDERDALE, FL

"

Zip

Country

Zip

Country

33314

Broward

"

"

4. Date Incorporated or Qualified  
To Do Business in Florida

2-15-1999

5. FEI Number

65-0906500

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

JOHNATHAN MOORE

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

4149 S.W. 47<sup>th</sup> AVE

Suite, Apt. #, Etc.

2B

City

FT LAUDERDALE

State  
FL

Zip Code

33314

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 11-15-00

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
PRES	JOHNATHAN MOORE	720 HENTICE WAY	WESTON, FL 33326
SECRETARY	TERRI MOORE	"	"
DIRECTOR	RONALD FREEMAN	3733 NE 208 <sup>TH</sup> ST	AVENTURA, FL 33180

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

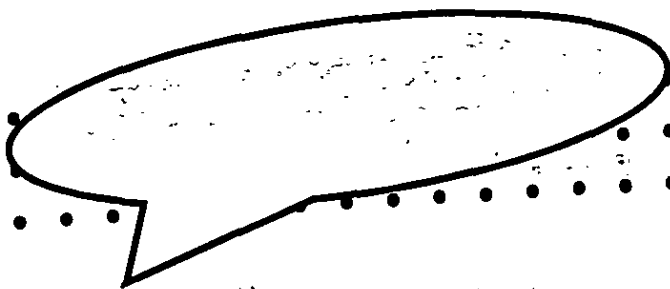
11-15-00

Date

954-791-6621

Daytime Phone #

CR2E081 (9/99)



## Fax Transmittal Form

To: DEPT. OF CORPORATIONS

Company: \_\_\_\_\_

Fax number: \_\_\_\_\_

Date sent: 11-15-00

Re: \_\_\_\_\_

Mid Limited, Inc

**4149 SW 47th Avenue  
Suite 2- B  
Ft.Lauderdale, FL 33314  
954-791-6621  
Fax: 954-791-6617**

Number of pages sent: \_\_\_\_\_

**Message:**

TO WHOM IT MAY CONCERN:

FOR SOME REASON, I HAVE NEVER RECEIVED ANY NOTICE CONCERNING THE YEARLY FILING FOR THE M&D LIMITED, INC OR THE 2 NOTICE OF DISSOLUTION. I HAVE 2 OTHER CORPORATIONS THAT I FILE IN A TIMELY MANNER BUT THIS CORPORATION'S NOTICE WERE NEVER RECEIVED.

PLEASE REINSTATE M & S LIMITED, INC. I HAVE  
ENCLOSED A CHECK FOR \$150.00 PLUS THE \$25.00 FEE  
FOR THE CERTIFICATE.

THANK YOU FOR YOUR CONSIDERATION

JOHNATHAN MOORE, Pres