

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 14 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P95008075377
MRA Family Properties Inc.

900024966459
11/24/03--01027--033 **\$600.00

900024966459
11/24/03--01027--032 **\$8.75

2. Principal Office Address

10730 NW 25 St.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33172

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650609920

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Maria Teresa Rodriguez

Street Address (P.O. Box Number Acceptable)

371 SW 29 Road

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33129

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

Maria Teresa Rodriguez

Date 11/06/03

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
Pres.	Maria T. Rodriguez	371 SW 29 Rd	Miami, FL 33129
treas	Regla Teresa Klumpp	1620 Hicanopy Ave.	Miami, FL 33133

REINSTATEMENT 00-8 TS

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:

Maria Teresa Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/06/03

Daytime Phone #

CP2E081 (10/02)



11/5/03

Attention:

Mr. Scott,

Here are the papers you were expecting.

Please send us a certificate of status.

Thank you for everything.

R. Teresa Klump

per conversation with Mrs. Klump
She stated never received notice for

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