

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

96 NOV 27 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P95000078645**

1. Corporation Name

**MRF'S & EQUIPMENT COMPANY, INC.**

Principal Place of Business

Mailing Address

**101 N.E. 17TH. COURT - SUITE #1  
FORT LAUDERDALE, FL. 33305**

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

2. New Principal Office Address, If Applicable

**101 N.E. 17TH. CT. SUITE #1**

3. New Mailing Address, If Applicable

**same**

4. Date Incorporated or Qualified To Do Business in Florida

**OCT. 9, 1995**

Suite, Apt. #, etc.

**1 (ONE)**

Suite, Apt. #, etc.

City & State

**FORT LAUDERDALE**

City & State

**FLORIDA**

Zip

**33305**

Country

**U.S.A.**

Zip

Country

5. FEI Number

**65-0614066**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	ARIZTEGUI, JUAN P.	101 N.E. 17TH. CT. #1	FORT LAUDERDALE, FL. 33305
			300002018823--8 -12/04/96--01001--825 ****375.00 ****375.00
			300002018823--8 -12/04/96--01001--026 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

**ARIZTEGUI, JUAN PEDRO  
101 NE 17TH. CT #1  
FORT LAUDERDALE, FL. 33305  
(954) 832-9123**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State **FL** Zip Code

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

**November 22, 1996**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability or non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Daytime Phone #

**Ariztegui, Juan Pedro Nov. 22, 1996 (954) 832 9123**

CR2040 (12/95)