

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC 19 AM 10: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000073316

1. Corporation Name

M&R ENTERPRISES OF LAND O LAKES, INC.

2. Principal Office Address

21240 LAKE PATIENCE RD.

3. Mailing Office Address

21240 LAKE PATIENCE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAND O LAKES, FL

City & State

LAND O LAKES, FL

Zip

34639

Country

Zip

34639

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

05-06

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

GORDON MAXWELL HARRELL

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

3901 St Augustine Pl

Suite, Apt. #, Etc.

City

Land O Lakes

State
FL

Zip Code

34639

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

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
PSTD	GORDON M. HARRELL	3901 ST AUGUSTINE PL	LAND O' LAKES, FL 34639
VD	VICKI L HARRELL	3901 ST AUGUSTINE PL	LAND O' LAKES, FL 34639

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gordon Maxwell Harrell

11-16-06

M&R ENTERPRISES OF LAND O LAKES, INC.
21240 LAKE PATIENCE RD
LAND O' LAKES, FL 34639

Thursday, November 16, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: CORPORATION REINSTATEMENT
M&R ENTERPRISES OF LAND O LAKES, INC.
DOCUMENT # P98000073316
DISSOLUTION DATE: 09/16/2005

REQUEST FOR WAIVER OF REINSTATEMENT FEE

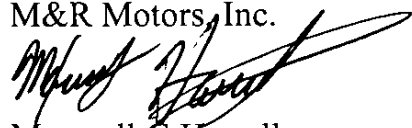
By way of this letter I request waiver of the Reinstatement fee as we did not receive the annual report notices in the year 2005, the year of dissolution / revocation.

Included please find the following:

2004 Annual report Fee	\$61.25
2004 Corporate Supplemental Fee	\$88.75
2005 Annual report Fee	\$61.25
2005 Corporate Supplemental Fee	\$88.75
	=====
TOTAL:	\$300.00

Please file reinstatement application for this corporation. If there are any questions or problems please call Henry Dowd at (813)996-5322.

M&R Motors, Inc.



Maxwell G Harrell
President