

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 MAR 26 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700027248577
01/20/04--01006--020 **900.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000036763

1. Corporation Name
MRW Resources, Inc.

2. Principal Office Address <u>10300 U.S. Hwy 98 N.</u>		3. Mailing Office Address <u>10300 US Hwy. 98 N.</u>	
Suite, Apt. #, etc. <u>No. 1541</u>		Suite, Apt. #, etc. <u>No. 1541</u>	
City & State <u>Lakeland, FL</u>		City & State <u>Lakeland, FL</u>	
Zip <u>33809</u>	Country <u>USA</u>	Zip <u>33809</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>1999</u>	Applied For Not Applicable
5. FEI Number <u>59-3575167</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Robert F. Wenger

Street Address (P.O. Box Number is Not Acceptable)
10300 US Hwy 98 N.

Suite, Apt. #, Etc.
No. 1541

City Lakeland

State FL Zip Code 33809

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03/26/04--01100--006 ** 50.00

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 Robert F. Wenger Date Jan 12, 2004

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
<u>D</u>	<u>Robert F. Wenger</u>	<u>10300 U.S. Hwy 98 N. No. 1541 Lakeland, FL</u>	<u>Lakeland, FL 33809</u>
<u>P</u>	<u>Mitchell R. Wenger</u>	<u>7652 Comanche Dr.</u>	<u>Richmond, VA 23225</u>
<u>V</u>	<u>Debra R. Wenger</u>	<u>7652 Comanche Dr.</u>	<u>Richmond, VA 23225</u>
<u>D</u>	<u>Michael L. Halporn</u>	<u>315 South C Street</u>	<u>Glen Ullin, ND 58631</u>

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: Mitchell R. Wenger Date Jan 7, 2005 Daytime Phone # 804-350-7543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)