FROM :

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DIVISION OF CORPORATIONS
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000058601

Corporation Name: MNR OF SOUTH FLORIDA, INC.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
352 NE 3RD AVENUE	352 NE 3RD AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL	City & State: DELRAY BEACH, FL
Zip: 33444 Country:	Zip: 33444 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 6/21/99

5. FEI Number: N/A (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Renee Christiansen-Radabaugh

Street Address: (P.O. Box Number is Not Acceptable)
352 NE 3RD AVENUE
Suite, Apt. #, Etc.

City: DELRAY BEACH State: FL Zip Code: 33444

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: Renee Christiansen Radabaugh
REGISTERED AGENT MUST SIGN

Date: 3/2/01

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
Dir. Pres / Secy	Renee Christiansen-Radabaugh	352 NE3RD AVENUE	DELRAY BEACH, FL 33444
Dir.	Ronald C. Radabaugh	352 NE3RD AVENUE	DELRAY BEACH, FL 33444
Dir.	Morgan Russell	1705 SO FEDERAL HWY.	DELRAY BEACH, FL 33483

I CERTIFY that I am an officer or director of the corporation 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 back taxes of the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under sections 607.0120, 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: Renee Christiansen Radabaugh 3/1/2001 561-243-3073 AD

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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From:
Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
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CORPORATION REINSTATEMENT

MNR OF SOUTH FLORIDA, INC.

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