PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00-02

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 13 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900008958979
01/13/03--01097--028 **300.00

900008958979
11/13/02--01024--017 **150.00

DOCUMENT # 315412

1. Corporation Name
MANUFACTURERS Marketing Representatives, Incorporated

2. Principal Office Address	3. Mailing Office Address
300 53rd Circle	—
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State Vero Beach Fl	City & State —
Zip 32968 Country —	Zip — Country —

4. Date Incorporated or Qualified To Do Business in Florida 4-4-67

5. FEI Number 59-1162562 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: M. Leon Essex

Street Address (P.O. Box Number is Not Acceptable): 300 53rd Circle

Suite, Apt. #, Etc. —

City: Vero Beach | State: FL | Zip Code: 32968

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 X M. Leon Essex
REGISTERED AGENT MUST SIGN

Date 11/08/02

CR2E081 (9/01)

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
P	M. Leon Essex	300 53rd Circle	Vero Bch, FL 32968
V	Leon E. Essex	524 Avenue I N.W.	Winter Haven, Fl, 33881
T	Gloria A. Essex	300 53rd Circle	Vero Beach Fl. 32968
S	Kimberly W. Essex	524 Avenue I N.W.	Winter Haven 33881

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: X M. Leon Essex
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/08/02
Date

772-563-0008
Daytime Phone #

MMRI

Manufacturers Marketing Representatives, Inc.
300 53rd Circle, Vero Beach, Florida, 32968-2239
Phones 561-563-0008. . 800-745-7073 FAX 561-563-0015
Consultants to the HVAC Industry with 50 years proven *SUPERIOR* PERFORMANCE

M. Leon Essex, Pres. E-Mail leonsx@msn.com

November 8, 2002

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen,

Attached find Corporation Reinstatement and papers regarding 1999 papers and check # 22619.

In preparing 1999 I reported change of address and our 2000 Corporation Annual Report was not forwarded from 118 43rd Avenue S.W to 300 53rd Circle.

When purchasing a new wagon our credit check showed we were in error. Thanks to your forms to dealer they released (Ford Motor Co) ~~and~~ station wagon.

So, please process our application for reinstatement and all your patience over telephone in regards to above.

Many thanks.

Gloria A. Essex
Treasurer M.M.R.I