

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 385794

1. Corporation Name
M.C.R.LUMBER & MATERIALS SUPPLY INC.

REINSTATEMENT 02-03



100012328411
01/08/03--01007--012 **150.00

Principal Place of Business Mailing Address
26140 S DIXIE HWY 26140 S DIXIE HIGHWAY
NARANJA FL 33032 NARANJA FL 33032
US US

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/19/1971	
City & State		City & State		5. FEI Number	
Zip		Country		59-1368285	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
TD	ROMERO, JULIE R	26140 S. DIXIE HIGHWAY	NARANJA FL
PD	ROMERO, JOSE M. JR.	26140 S. DIXIE	NARANJA, FL 33032
SD	ZERVIGON, AIDO	201 SEVILLA SUITE 209	CORAL GABLES FL
			100012328411 02/12/03--01005--023 **750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ROMERO, JOSE M JR 26140 S DIXIE HIGHWAY NARANJA FL 33032		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date 1/29/03

11. 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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 305-258-0037 Daytime Phone #

CR2E040 (8/02)