



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 742100</b> 1. Entity Name <b>MOVIMIENTO DE RECUPERACION REVOLUCIONARIA (M.R.R.) INC.</b>						<b>FILED</b> 05 NOV 29 AM 8:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business <b>124 NW 15TH AVE MIAMI, FL 33125</b>			Mailing Address <b>PO BOX 651452 MIAMI, FL 33265</b>						
2. Principal Place of Business		3. Mailing Address				 <b>REINSTATEMENT 2005</b> 1092005 REIN:NP CR2E099 (6/04) 2005			
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>ARIAS, FERNANDO</b> <b>14612 SW 45 TERRACE</b> <b>MIAMI, FL 33175</b>				7. Name and Address of New Registered Agent					
				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City					
				<b>FL</b>		Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE 				<b>Nov 14, 2005</b>				DATE	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2006, Fee will be \$297.50</b>								Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>FERNANDO, ARIAS</b>			NAME					
STREET ADDRESS	<b>14612 SW 45 TERRACE</b>			STREET ADDRESS					
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>			CITY-ST-ZIP					
TITLE	VTD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>DEL SOL, ARMANDO</b>			NAME					
STREET ADDRESS	<b>3094 W 68 PL</b>			STREET ADDRESS					
CITY-ST-ZIP	<b>HIALEAH, FL 33018</b>			CITY-ST-ZIP					
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>BRINGAS, GENEROSO</b>			NAME					
STREET ADDRESS	<b>7240 SW 18 RD</b>			STREET ADDRESS					
CITY-ST-ZIP	<b>MIAMI, FL 33155</b>			CITY-ST-ZIP					
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>MARTINEZ, ROLANDO</b>			NAME					
STREET ADDRESS	<b>1821 JEFFERSON AVENUE APT 106</b>			STREET ADDRESS					
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>			CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, and an address, with all other like empowered.									
SIGNATURE: 				<b>Nov 14, 2005</b>				DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								Daytime Phone #	