

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 DEC 16 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **02000000437**

1. Corporation Name

**MANAGEMENT RESOURCES INTERNATIONAL  
LIMITED, INC.**

**REINSTATEMENT 03**

2. Principal Office Address

**7822 Allen Robertson Place**

Suite, Apt. #, etc.

City & State

**SARASOTA FL.**

Zip

**34240**

Country

**USA**

3. Mailing Office Address

**7822 Allen Robertson Place**

Suite, Apt. #, etc.

City & State

**SARASOTA FL.**

Zip

**34240**

Country

**USA**

**000025387750**  
12/10/03--01034--008 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/24/2002**

5. FEI Number

**22-3591562**

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

**EVELIO J. SARDINA**

Street Address (P.O. Box Number is Not Acceptable)

**7822 ALLEN ROBERTSON PLACE**

Suite, Apt. #, Etc.

City

**SARASOTA**

State

**FL**

Zip Code

**34240**

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

Date **12/12/03**

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
<b>Pres</b>	<b>EVELIO J. SARDINA</b>	<b>7822 ALLEN ROBERTSON PLACE</b>	<b>SARASOTA FL. 34240</b>
<b>Treas</b>	<b>NUMMY M. SARDINA</b>	<b>7822 ALLEN ROBERTSON PLACE</b>	<b>SARASOTA FL. 34240</b>
<b>VP</b>	<b>Jorge L. SARDINA</b>	<b>171 BAKER AVENUE</b>	<b>WHARTON NJ 07885</b>

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:

**EVELIO J. SARDINA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/12/03**

Daytime Phone #

**904-343-0936**

CR2E081 (10/02)



**Management Resources International Ltd. Inc.**

December 8, 2003

VIA OVERNIGHT MAIL

DEPARTMENT OF STATE  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Re: Management Resources International Ltd. Inc  
— FEI Number: 2223591562 —

TO WHOM IT MAY CONCERN:

As per our telephone conversation of today with Justin, of the Department of State, Division of Corporations, we learned that the Annual Report Form for the above-referenced corporation was returned to the Division as undeliverable. The document was mailed to P.O. Box 15888, Sarasota, FL, 34270. The principal address of the corporation was 7822 Allen Robertson Place, Sarasota FL 34240. The latter is also the new mailing address of the corporation.

As such, we are herewith submitting the proper documentation and fee of One Hundred and Fifty Dollars ( \$150.00) to have the company reactivated.

Thank you kindly for your prompt attention to this matter.

Respectfully,

A handwritten signature in black ink, appearing to read 'E. Sardiña', is written over a horizontal line.

Evello J. Sardiña  
President