

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G09246

1. Entity Name
M.D.R. INTERNATIONAL, INC.



Principal Place of Business
14861 N.E. 20TH AVENUE
NORTH MIAMI, FL 33181

Mailing Address
14861 N.E. 20TH AVENUE
NORTH MIAMI, FL 33181

2. Principal Place of Business
14761 NE 20th AVE
Suite, Apt. #, etc.

3. Mailing Address
14861 NE 20th AVE
Suite, Apt. #, etc.

City & State
NORTH MIAMI FL
Zip
33181
Country
USA

City & State
NORTH MIAMI FL
Zip
33181
Country
USA

10202005 REIN-P CR2E098 (604) *65-06*
4. FEI Number
59-2303712
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GHELBENDORF, BERNARD
14861 N.E. 20TH AVENUE
NORTH MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE VP
NAME GHELBENDORF, JEANA ☐ Delete
STREET ADDRESS 19600 N.E. 19 AVE
CITY-ST-ZIP NO MIAMI BEACH, FL 33179

TITLE P
NAME GHELBENDORF, BERNARD ☐ Delete
STREET ADDRESS 19600 N.E. 19 AVE
CITY-ST-ZIP NO MIAMI BEACH, FL 33179

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME *835118* ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME *500075216495* ☐ Change ☐ Addition
STREET ADDRESS *05/25/06--01002--013*
CITY-ST-ZIP ***900:00*

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #