

CAPITAL CONNECTION

850 222 1222

02/02 '99 15:12 NO.042 01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 FEB - 2 11 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L430915

1. Corporation Name

MRD ASSOCIATES INC.

Principal Place of Business

Mailing Address

370 ANSIN BLVD.
HALLANDALE FL. 33009

REINSTATEMENT 910-98

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

JAN. 1990

Suite, Apt. #, etc

Suite, Apt. #, etc

5. FEI Number

65-0167572

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	<u>P.S.D MARK S. KROHN</u>	<u>370 ANSIN BLVD.</u>	<u>HALLANDALE, FL. 33009</u>

7000002769567--B
-02/09/99--01054--024
***1200.00 ***1200.00

02-3-99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARK S. KROHN
370 ANSIN BLVD.
HALLANDALE, FL. 33009

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and except the obligations of Section 607.0505, F.S.

Signature of Registered Agent:

Mark S. Krohn

REGISTERED AGENT MUST SIGN

Date 2-2-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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)(ii), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: MARK S. KROHN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Krohn

2-2-99

Date

954-456-6066

Daytime Phone #