PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 SEP 12 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** M16531

**1.** Corporation Name
R. MUCENIC INC

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 10295 COLLINS AV | 10295 COLLINS AV |
| Suite, Apt. #, etc.: 510 | Suite, Apt. #, etc.: 510 |
| City & State: BAL HARBOUR FL | City & State: BAL HARBOUR FL |
| Zip: 33154 Country: US | Zip: 33154 Country: US |

**4.** Date Incorporated or Qualified To Do Business in Florida: 6/10/85

**5.** FEI Number: 595390B5 ☐ 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: RICARDO MUCENIC

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-09/20/01--01051--023
***1508.75 ***1508.75

Street Address (P.O. Box Number is Not Acceptable): 10295 COLLINS AV

Suite, Apt. #, Etc.: 510

City: BAL HARBOUR, State: FL Zip Code: 33154

**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: 9/10/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

**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 |
|---|---|---|---|
| PT/S | RICARDO MUCENIC | 10295 COLLINS AV #510 | B. HARBOUR FL 33154 |
| | | | |
| | | | |
| | | REINSTATEMENT 96-01 TS | |
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**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:** _____ RICARDO MUCENIC 9/10/01 (305)586-3630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #