

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 10 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M22500

1. Corporation Name

MRS Investments, Corp.

2. Principal Office Address

5450 Griffin Road

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33314

Country

USA

3. Mailing Office Address

5450 Griffin Road

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33314

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/25/85

5. FEI Number

59-2641798

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-00

7. Name and Address of Current Registered Agent

Name

Aguirre, Gustavo X.

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

10520 S.W. 50th Street

Suite, Apt. #, Etc.

City

Cooper City

State

FL

Zip Code

33328

600003245226-4

05/09/00-01109-018

***1058.75 ***1058.75

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

Gustavo X. Aguirre

REGISTERED AGENT MUST SIGN

Date April 5, 2000

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
P	Maria del Pilar Romoleroux	455 NE 39th St.	Miami, FL 33137
S	Rosana M. Aguirre	455 NE 39th St.	Miami, FL 33137
V	Gustavo X. Aguirre	10520 S.W. 50th St.	Cooper City, FL 33328

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:

Rosana M. Aguirre

Rosana M. Aguirre, Sec. 04/05/00 (954) 584-6880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #