

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
FILED

03 FEB 28 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **000000049441**

1. Corporation Name

M'R DUCKS INC.

2. Principal Office Address

4180 JOG RD

Suite, Apt. #, etc.

5, 6, 7

City & State

L.W. FL

Zip

33463

Country

USA

3. Mailing Office Address

~~SAVIE~~ **7840 SONOMA
SPRINGS
CIRCLE**

Suite, Apt. #, etc.

202

City & State

L.W., FL.

Zip

33463

Country

USA

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

5. FEI Number

60-09-208813-08-0

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

KIMBERLY RIPP

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

7840 SONOMA SPRINGS CRL.

Suite, Apt. #, Etc.

202

City

L.W.

State

FL

Zip Code

33463

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

Kimberly Ripp

REGISTERED AGENT MUST SIGN

Date **2-26-03**

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
PRES	KIMBERLY RIPP	7840 SONOMA SPRINGS CRL	LW, FL, 33463
V-PRES	" "	" "	" "
SECR.	" "	" "	" "
TRES.	" "	" "	" "

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:

Kimberly Ripp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-03

Date

Daytime Phone #

CR2E081 (9/01)

2-26-03

TO WHOM IT MAY CONCERN:

I PURCHASED M'R DUCKS, INC. AUGUST
15, 2002 and NEVER RECIEVED THE CORPORATE
RENEWAL FROM THE PREVIOUS OWNER.

THANK YOU,

KIMBERLY RIPP