

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN -7 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 900000071951

1. Corporation Name

MRM PAINT & PRESSURE CLEANING, INC
232 NW 42ND TERRACE
PLANTATION, FLORIDA 33317

2. Principal Office Address

232 NW 42 TERRACE

Suite, Apt. #, etc.

City & State

PLANTATION, FLORIDA

Zip

33317

Country

USA

3. Mailing Office Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

FL

Zip

33317

Country

USA

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

06/21/02--01006--019

****300.00 ****300.00

5. FEI Number

65-1027029

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

NDFIL INVESTMENTS, INC 201.25 AR

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

2011 S. PERIMETER ROAD, C 10.00 AR

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State
FL

Zip Code

33317

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

[Signature]

Date

6/3/02

REGISTERED AGENT MUST SIGN

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
PTD	OMAR MENCIA	232 NW 42 TERRACE	PLANTATION, FL 33317
VPS	ELVYN RODRIGUEZ	232 NW 42 TERRACE	PLANTATION, FL 33317

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:

OMAR MENCIA

OMAR MENCIA

6/3/02

954 336 7097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nofil Investments, Inc.

*Incorporations
Income Taxes
Business Opportunities
Occupational & Professional Licenses*

*Accounting
I.R.S. Problems
Immigration
Translations*

June 4, 2002

Florida Division of Corporations
Attn: Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314


RE: MRM-Paint & Pressure Cleaning, Inc.
Document No. P00000071951

Dear Reinstatement Officer,

The purpose for this letter is to communicate to your office, that as per our conversation with Ms. Barbara Mitchell and her instructions, enclosed please find a check in the amount of \$300.00 for the reinstatement of the aforementioned corporation as well as the Corporation Reinstatement Form.

If there are any further questions please feel free to contact me.

Very truly yours,



Mimi Nofil