

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JAN 23 AM 10:02

DOCUMENT # **P00000099021**

1. Corporation Name

**MRE THERAPY, INC.**

Principal Place of Business

**240 W. 49 ST.  
HIALEAH FL 33012**

Mailing Address

**240 W. 49 ST.  
HIALEAH FL 33012**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/20/2000**

5. FEI Number

**65-1048651**

Applied For

Not Applicable

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 nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RODRIGUEZ, MIGUEL	240 W. 49 ST.	HIALEAH FL 33012
			400004853354--7 -02/01/02--01053--004 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

**RODRIGUEZ, MIGUEL  
240 W. 49 ST.  
HIALEAH FL 33012**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is 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 accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/01)

MRB THERAPY INC  
240 W 49TH ST  
HIALEAH FL 33012  
(305) 825-4646

65-1048651  
DOC# P00000099021

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN

AS PER YOUR INSTRUCTIONS, THIS LETTER IS TO NOTIFY YOU  
THAT WE DID NOT KNOW WE HAD TO PAY THE CORPORATION ANNUAL REPORT  
FOR THE YEAR 2001, WE NEVER GOT ANY PAPERS FROM YOU TELLING ME TO  
WE OPEN IN APRIL 2001.

ON DECEMBER A FRIEND TOLD ME I HAVE TO FILE FOR THE YEAR 2001  
AND I FILED A BLANK FORM AND MAIL IT WITH CHECK FOR \$150.00  
AND IT WAS RETURN TO ME, TELLING ME THE CORPORATION WAS DISSOLVED.  
I NEVER RECEIVED ANY NOTICES FROM YOU, THEREFORE I CAN'T UNDESTAND  
WHY IT WAS DISSOLVED.

SO AS PER YOUR OFFICE INSTRUCTIONS BY TELEPHONE ON JANUARY 14TH  
I AM ENCLOSING A CHECK FOR \$ 300.00 AND HOPE THAT THIS MATTER WILL BE SOLVED  
I THANK YOU IN ADVANCED FOR YOUR HELP AND IF YOU HAVE ANY QUESTIONS  
PLEASE CALL ME AT (305) 825-4646

PLEASE NOTE THAT I HAVE NOT RECEIVED ANY PAPER TO FILE 2002

THANKS AGAIN FOR YOUR COOPERATION

MIGUEL RODRIGUEZ  
PRESIDENT

