

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000025635

1. Corporation Name

MR. RESCUE CORPORATION

Principal Place of Business

15451 SW 169TH LANE  
MIAMI FL 33187

Mailing Address

15451 SW 169TH LANE  
MIAMI FL 33187

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

2. New Principal Office Address, If Applicable

13727 SW 152 ST  
Suite, Apt. #, etc. 372

City & State MIAMI, Florida

Zip 33177 Country Dade.

3. New Mailing Office Address, If Applicable

13727 SW 152 ST  
Suite, Apt. #, etc. 372

City & State MIAMI, FLA.

Zip 33177 Country Dade.

4. Date incorporated or Qualified To Do Business in Florida

03/08/2001

5. FEI Number

65-1090157

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☒ \$6.75 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
PVSD	FERIA, MAXIMILIANO	15451 SW 169TH LANE	MIAMI FL 33187
		13727 SW 152 ST #372	
		MIAMI, FL 33177	

7000008642917

10/29/02--01023--003 \*\*158.75

8. Name and Address of Current Registered Agent

FERIA, MAXIMILIANO  
15451 SW 169TH LANE  
MIAMI FL 33187

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/24/02

11. I certify that I am an officer or director, 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:

Maximiliano FERIA

786 573 2500

**Mr. Rescue Corporation.**

13727 S.W. 152 ST #372  
Miami, Florida 33177

October 24, 2002

Dear Sir or Madam:

Included with our last check was a change of address. The new address is the one reflected on top. We never received this paper work there for we are sending you again the info. There will also be a check of 150.00 for your services. The current address on top is the correct one.

Sincerely,

Maximiliano Fera

Manager.

