

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 APR 24 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700016955537

04/24/03--01039--017 **300.00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000069530**

1. Corporation Name
MRMF, INC.
2130 NW 7TH AVENUE
MIAMI, FL 33127

2. Principal Office Address
2130 NW 7TH AVENUE
Suite, Apt. #, etc.

3. Mailing Office Address
2130 NW 7TH AVENUE
Suite, Apt. #, etc.

City & State
MIAMI, FL 33127

City & State
MIAMI, FL 33127

Zip
33127 Country
MIAMI DADE

Zip
33127 Country
MIAMI DADE

4. Date, Incorporated or Qualified To Do Business in Florida **7-16-01**

5. FEI Number **65-1132836** 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

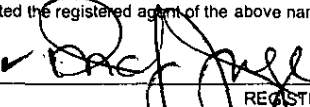
Name **Rosa G Jorge**

Street Address (P.O. Box Number is Not Acceptable)
2130 NW 7TH AVENUE

Suite, Apt. #, Etc.

City **MIAMI** State **FL** Zip Code **33127**

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.

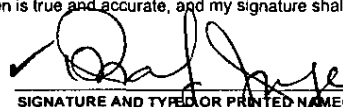
Signature of Registered Agent  Date **4/15/03**

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
PRES	Rosa G Jorge	2130 NW 7TH AVE	MIAMI, FL 33127
SEC	JOSE F ACOSTA	2130 NW 7TH AVE	MIAMI, FL 33127
TREAS	MARIO J VERDEJA	2130 NW 7TH AVE	MIAMI, FL 33127

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:  Date **4/15/03** Daytime Phone # **(305) 548-5090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

4/24