

FILED

03 JUL -2 AM 11:00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000113660

1. Corporation Name

MFR MANAGEMENT, INC.

REINSTATEMENT 02-03

2. Principal Office Address

6330 W. OAKLAND PARK BL

Suite, Apt. #, etc.

3. Mailing Office Address

6330 W. OAKLAND PARK BL

Suite, Apt. #, etc.

City &amp; State

SUNRISE, FL

City &amp; State

SUNRISE, FL

Zip

33313

Country

US

Zip

33313

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

11/30/2001

5. FEI Number

65-1157858

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

MICHAEL CANTOR

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

6330 W. OAKLAND PARK BOULEVARD

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33313

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 6/20/03

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
P/D	MICHAEL CANTOR	6330 W. OAKLAND PARK BOULEVARD	SUNRISE, FL 33313
D	FRED PERITZ	6330 W. OAKLAND PARK BOULEVARD	SUNRISE, FL 33313
D	DEBORAH SLOAN	6330 W. OAKLAND PARK BOULEVARD	SUNRISE, FL 33313

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/03 954-748-3304

Date

Daytime Phone #

CR2E081 (10/02)