

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

WDS 0000 22 710

DOCUMENT # P02000070532

1. Corporation Name

MRPD PROPERTIES, INC.

2. Principal Office Address

613 Casa Fuerte Ln

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

Zip

32080

Country

USA

3. Mailing Office Address

390 Smugglers Way

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

Zip

32080

Country

USA

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

06/26/2002

5. FEI Number

20-0226315

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

J. Stephen Alexander

Street Address (P.O. Box Number is Not Acceptable)
19 Old Mission Avenue

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

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

J. Stephen Alexander

REGISTERED AGENT MUST SIGN

Date

4-20-5

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
PD	Michael A. Rosa	390 Smugglers Way	St. Augustine, Florida 32080
VD	Peter Darios	390 Smugglers Way	St. Augustine, Florida 32080

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

Michael A. Rosa

4/23/05

Date

904 687-8743

Daytime Phone #

FILED
05 MAY 24 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600055146376
05/23/05--01063--005 **308.75

REINSTATEMENT 03-95

7. Roberto JUN 02 2005
5/5/03 91845 031 150.00

CR2E081 (01/05)

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ps 292

RE: MRPD Properties

To Whom It May Concern:

I am writing this letter in response to your letter dated May 4, 2005 (see enclosed copy). As I stated in my previous letter, I was not aware until very recently that MRPD PROPERTIES, INC., was not active. Your letter of May 4, 2005, references a letter the State mailed to me on May 23, 2003, regarding the need for corrections to our annual report. I never received this letter as the post master failed to deliver it to me. Therefore, I am asking that the reinstatement fee for the above referenced corporation be waived.

Your records will indicate the State cashed my initial check in the amount of \$150.00 which was sent in with my 2003 annual report. I am including a check in the amount of three hundred eight dollars and seventy-five cents (308.75) to cover any additional fees.
(2004-2005)

Please note the entity's principal address is:

613 Casa Fuerta Lane, St. Augustine, FL 32080

and mailing address is 390 Smugglers Way, St. Augustine, FL 32080.

In addition, please send all future correspondence to my registered agent and attorney at J. Stephen Alexander, Esquire 19 Old Mission Ave., St. Augustine, FL 32084. I thank you in advance for your time and consideration.

Sincerely,



Michael Rosa, President
MRPD Properties, Inc.
c/o Michael Rosa
390 Smugglers Way
St. Augustine, FL 32080