

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda F. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000126037

1. Corporation Name

MBR & MC ENTERPRISES, INC.

Principal Place of Business

536 SE 3 ST
BELLE GLADE FL 33430

Mailing Address

536 SE 3 ST
BELLE GLADE FL 33430

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

11/26/2002

5. FEI Number

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
D	CHAPARRO, MARIO	536 SE 3 ST	BELLE GLADE FL 33430
D	RODRIGUEZ, BERTHA	536 SE 3 ST	BELLE GLADE FL 33430

8. Name and Address of Current Registered Agent

GINDEL, JR., ROBERT C ESQUIRE
1850 FOREST HILL BLVD STE 103
W PALM BCH FL 33406

9. Name and Address of New Registered Agent

Name Bertha Rodriguez
Street Address (P.O. Box Number is Not Acceptable)
536 S.E. 3rd St.
Suite, Apt. #, Etc.
City Belle Glade, State FL Zip Code 33430

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

10/28/2003

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

10/28/2003
Daytime Phone #

CR2E040 (7/03)

11/03/2003

State of Florida
Department of State
Tallahassee, Florida

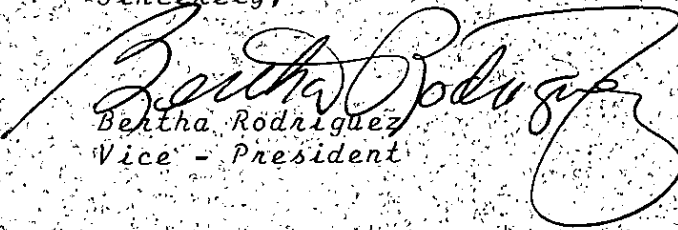
Dear Sir:

Please be advise that we didn't recived this letter cause we change attorney's and he didn't send me the forms that he recived. Please advise me what I have to do to reenstate the corporation.

I need and I want to complie with this office and I need your help cause this is the first time I have a corporation.

Any action taken will be greatly appreciated.

Sincerely,



Bertha Rodriguez
Vice - President