

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM *Page 1 of 2*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -8 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000130773*

1. Corporation Name

METRO DADE RECOVERY Unit Inc.
2458 NW 78 ST
MIAMI FL 33147

2. Principal Office Address

2458 NW 78 ST

Suite, Apt. #, etc.

3. Mailing Office Address

8306 MILLS DR

Suite, Apt. #, etc.

372

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33147

Country

Zip

33183

Country

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

12-12-02

5. FEI Number

01-0962871

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

ANDRES CANOVA

400028230584

*02/05/04--01015--028 **300.00*

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

8306 MILLS DR #

Suite, Apt. #, Etc.

372

City

MIAMI

State

FL

Zip Code

33183

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

1-7-04

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
<i>President</i>	<i>ANDRES CANOVA</i>	<i>8306 MILLS DR #372</i>	<i>MIAMI - FL - 33183</i>
		<i>400028230584</i>	<i>02/05/04--01015--029 **8.75</i>
		<i>REINSTATEMENT 03-04</i>	

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

Date

1-7-04

Daytime Phone #

(252) 796-8008

CR2E081 (9/00)

1796 WR

Metro-Dade Recovery Unit Inc.

2458 NW 78th St

Miami, FL 33147

(305) 796-8008

Division of Corporations

Dear Sir or MADAME:

I AM THE BUSINESS owner of the above mentioned company (MDRU). Due to our lack of knowledge AND the fact that we moved to a new location we never recieved the Annual Report. We Ask you to Accept our Apologies AND please waive the late fees. We are going thourgh economical problems with this new business. Thank you.

Sincerely,

Andres CANOVA

