

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000036655

1. Corporation Name

M & R CONCRETE FINISHING, INC.

2. Principal Office Address - No P.O. Box #

17657 SW 142 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33177

Country

U.S.A.

3. Mailing Office Address

17657 SW 142 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33177

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

MARLON SELVA

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

17657 SW 142 COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33177

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

Marlon Selva

REGISTERED AGENT MUST SIGN

Date **01.27.2010**

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	MARLON SELVA	17657 SW 142 COURT	MIAMI, FL 33177
VP	ROBERTO VARGAS	15461 SW 81 ST CR LANE #66	MIAMI, FL 33193

REINSTATEMENT

22/10 RLF

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Marlon Selva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.27.2010 305.297.8541

Date

Daytime Phone #

FILED

10 FEB -3 AM 10:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

800167884598
02/03/10--01009--003 **450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

04.01.2003

5. FEI Number
020686251

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.