

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 17 AM 9:48

DOCUMENT # **P03000067532**

1. Corporation Name

MUNRO AND ASSOCIATES INC

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

111 NW 183RD ST.

Suite, Apt. #, etc.

#108

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI GARDENS FL

City & State

FLORIDA

Zip

33169

Country

**USA
MIAMI-DADS**

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2003

5. FEI Number

65-2372134

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

ROSALYN ALIC BATSON

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

6645 EVERGREEN DR. 00

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33023

☒ 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.

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

Rosalyn Alic Batson
REGISTERED AGENT MUST SIGN

Date **04-14-08**

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
Pres	GLENN JOSEPH	6645 EVERGREEN DR	MIRAMAR FL 33023
V. Pres	ROSALYN ALIC BATSON	6645 EVERGREEN DR	MIRAMAR FL 33023

REINSTATEMENT
REINSTATEMENT

04/18/08

700123934957
04/17/08--01049--019 **450.00

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 contained in Chapter 119, 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:

GLENN JOSEPH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08

Date

754-224-8150

Daytime Phone #