## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## FILED Mar 13, 2006 08:00 AM Secretary of State

KEINS I A I EINEN I					Secretary of State			
DOCUMENT # P03000105172  1. Entity Name M&R REALTY INVESTMENTS, INC.								
Principal Plac	e of Business	failing Address		1				
25842 FRITH STREET		25842 FRITH STREET		1				
LAND O LAKES, FL 34639		LAND O LAKES, FL 34639						
2. Principal Place of Business		. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03102006	REIN-P	CR2E098 (11/05)		
City & State		City & State			4. FEI Numbe		·	pplied For ot Applicable
Zip	Country	Zip Count		itry	5. Certificate of Status Desired S8.75 Additional Fee Regulard			
	6. Name and Address of Current Re	glatered Agent			7. Name and	Address of New Re	egistered Agent	
DODAN E	NCUARD			Name				
DORAN, RICHARD  25842 FRITH ST  LAND O LAKES, FL 34639				Street Address (P.O. Box Number is Not Acceptable)				
	·			City			FL Zip Coo	19
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with,							, and accept	
the obligations of registered agent.								
SIGNATURE Signature, yourd or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
<u></u>	· · · · · · · · · · · · · · · · · · ·			· <del></del>	. ]			
FILE NOWIII FEE IS \$300.00					_		vith s. 607.193(2)(b), not receive the prior	
10.	OFFICERS AND DIF	<del></del>	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	
TITLE NAME	P ANDERSON, MICHAEL	Ociete	THTL NAM	- 1		• • • • • • • •	☐ Change	Addition Addition
STREET ADDRESS	400 HARBOR PLACE #1263	•	•	EET ADORESS			3463768 - <b>20000</b> -000-1	EO 00
CITY-ST-ZIP	TAMPA, FL 33602		CITY	-S1-ZIP		0.57 < 17.00	-80030-008 1	
nne	V PODAN PROMADD	☐ Delete	TITU		03	/11/05 90317 (	☐ Change 038 *** \$150.00	☐ Addition
NAME STREET ADDRESS	DORAN, RICHARD 28542 FRITH ST	*	NAM STRI	ELI ADDRESS	02)	11703 20317 0	γιου	
CITY-ST-ZIP	LAND O LAKES, FL 34639			-S1-Z09				
THILE		☐ Delete	ากบ				☐ Change	Addition
NAME emert annoche			NAM	EET ADDRESS				
STREET ADDRESS CHEY-SI-ZIP			•	-SI-ZIP				
717LE		☐ Delete	TÜL	E			☐ Change	Addition
NAME			NAM					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '- ST- ZIP				
TITLE		☐ Delete	THE	——————————————————————————————————————			☐ Change	Addition
NAME			NAM	ì				-
SIRLLI ADDRESS			1	SET ADDRESS				
GITY-ST-ZIP		☐ Delete	HAL	(-\$1-ZIP	<del></del>		☐ Change	
NAME		C Deleve	NAM	- 1			Orange	1.000001
STREET ADDRESS				EET ADDRESS				
CHY-ST-ZIP				-ST-ZIP			#	
12. Thereby indicated	certify that the information supplied with the on this report or supplemental report is true reporation or the receiver or trustee empower.	is filing does not qualify to see and spourate and that	or the ex my signa	emptions contained ture shall have the	d in Chapter 119 same legal effec	), Florida Statutes. I It as II made under d	luriner certify that the i path; that I am an office	niormation r or director
of the cor changed	rporation or the receiver or trustee empowers, or on an attachment with an address, with	men to execute this report of all other like empowered	t as requ }.	ired by Unapter 60	r, riunda Statule	s, and maj my name	- pph <u>ears III alear</u> (0 0	A DINGK CCII