

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 11 PM 12:07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000077849

1. Corporation Name

MRL HOME REPAIRS INC.

B 11/15/08
REINSTATEMENT *06-08*
12-26-07-01038-004 \$105.00
CR2E081 (1/07)

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

3555 JIMS CT

Suite, Apt. #, etc.

City & State

GREEN COVE SPRINGS, FL

Zip

82043

Country

USA

3. Mailing Office Address

3555 JIMS CT

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

Zip

32043

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

20-1163233

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

MIKE LANGSTON

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

3555 JIMS CT

Suite, Apt. #, Etc.

City

Green Cove Springs

State
FL

Zip Code

32043

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

Mike Langston
REGISTERED AGENT MUST SIGN

Date *1 9 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
<i>President</i>	<i>Mike Langston</i>	<i>3555 JIMS CT</i>	<i>Green Cove Springs, FL 32043</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 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:

Mike Langston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1 9 08

Daytime Phone #

904.591.5100