## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM			į	Secretar	TMENT ( y of State	•		FILED	
DOCUMENT # P05000110055  1. Corporation Name								2010 MAR 15 P 1: 49		
MKSR PROPERTIES CORP.								SECRETARY OF STATE TALLAHASSEE, FLORIDA		
					MIAMI AVENUE			4.0 03/15	00172200764 1/1001020019 **450.00 CR2E081 (11/09)	
Suite, Apt. #, etc.         Suite, Apt. #,           STE 1012         STE 10								Date Incorp.     To Do Busin	orated or Qualified less in Florida 08/08/2005	
City & State				City & State	City & State MIAMI, FL			5. FEI Number 43-208732	Applied For	
<sup>Zip</sup> 33130		Country	•	33130		Country		6. CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
Name SUPERBIZ REGISTERED AGENT, INC. Street Address (P.O. Box Number is Not Acceptable) 27 LUI VISTA PARKWAY Suite, Apt. #, Etc. STE EH City WEST PALM BEACH Superbounds State Zip Code FL 33411 US							Zip Code	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 Paul Smith, V.P.  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 Directo				City / State / Zip	
Р	Abdul	issami		1451 S Miami Avenue,			Ste 1012	Miami, Florida 33130		
Т	Marce	l His	sami	• • · · · • • • • • • • • • • • • • • •	1451 S Miami Avenue,			Ste 1012	Miami, Florida 33130	
D	Luz C	Hiss	sami		1451 S Miami Avenue,			Ste 1012	Miami, Florida 33130	
D	Ricard	ob V	elez		1451 S Miami Avenue,			Ste 1012	Miami, Florida 33130	
	REINSTAT								ATEMENT 78-1018	
10. E-mail Address: shissami@gmail.com / (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 filling 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. 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:  Abdul S Hissami, President 02/23/10 not needed										