

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 MAY 13 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39408**

1. Corporation Name

MLR MANAGEMENT, INC.

REINSTATEMENT *96-97*

Principal Place of Business

18434 AIRMAIL RD.
HOUSTON TX 77032
US

Mailing Address

18434 AIRMAIL RD.
HOUSTON TX 77032
US



A. Alan
5/13/97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date incorporated or Qualified
To Do Business in Florida

06/25/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

76-0372158

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MORTON, RICHARD A.	745 FIFTH AVE., SUITE 900	NEW YORK NY
V	PONTON, JERRY L.	18434 AIRMAIL ROAD	HOUSTON TX
S	CASTILLO, LINDA	745 5TH AVENUE, #900	NEW YORK NY
TS	JOHNS, LUANNE	18434 AIRMAIL RD.	HOUSTON TX
CD	RUBACHA, PAUL D.	745 5TH AVENUE, #900	NEW YORK NY
D	MURTAUGH, CHRISTOPHER D.	35 W. WAKER DRIVE	CHICAGO IL

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
100002186861--6
Street Address (P.O. Box Number is Not Acceptable)
05/21/97--01087--002
Suite, Apt. #, Etc.
****375.00 ****375.00
100002186861--6
City
05/21/97--01087--003
****540.00 ****540.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Barbara A. Burke

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

42997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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.

MLR Management, Inc

SIGNATURE:

by: *Luanne Johns*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

by: *Luanne Johns*

11/8/96

Date

713 443-7506

Daytime Phone #

ext 107

CR2040 (7/96)