PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 27 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000034157**

1. Corporation Name
MURIN RHODA, INC.

Principal Place of Business	Mailing Address
501 E DANIA BEACH BLVD BUILDING 4 SUITE 1-C DANIA FL 33004	501 E DANIA BEACH BLVD BUILDING 4 SUITE 1-C DANIA FL 33004 US

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 505 E Dania Beach BLVD	Suite, Apt. #, etc.: Bldg 4 Suite 1C
City & State: Dania FL Bldg 4 Suite 1C	City & State: Dania FL
Zip: 33004 Country: Broward	Zip: 33004 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 05/12/1993

5. FEI Number: 65-0410734 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	MURIN, JAN	MARINA BAY STATE ROAD 84	FT LAUDERDALE FL
VSD	RHODA, JOSEPH	~~501 E DANIA BEACH BLVD BLDG 4 ST~~ 505 E Dania Beach Blvd, Bldg 4 Suite 1C	DANIA FL 33004
			800002019198--9 -12704/96--01042--020 ****375.00 ****375.00
			11/27/96

8. Name and Address of Current Registered Agent

RHODA, JOSEPH
501 E DANIA BEACH BLVD
BUILDING 4 SUITE 1-C
DANIA FL 33004

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

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: SIGNATURE REQUIRED — Date: 10/28/96
REGISTERED AGENT MUST SIGN

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.

SIGNATURE: SIGNATURE REQUIRED — 9/17/96 — 954-920-0291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)