

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -7 AM 11:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *P 93000035742*

1. Corporation Name

M.R. ENTERPRISES INC

2. Principal Office Address

751 N.W AIROSO BLVD

3. Mailing Office Address

751 N.W AIROSO BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

PORT. ST. LUCIE, FL

Zip

34983

Country

USA

Zip

34983

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 14th 1993

5. FEI Number

65-0412357

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *0000-01*

7. Name and Address of Current Registered Agent

Name

ANWARUL RAHIM

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

751 N.W AIROSO BLVD

Suite, Apt. #, Etc.

City

PORT ST. LUCIE

State
FL

Zip Code

34983

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

02/05/01

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>P</i>	<i>ANWARUL RAHIM</i>	<i>4449 N.W BIGHORN AVE</i>	<i>PORT ST. LUCIE, FL-34983</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 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]

ANWARUL RAHIM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/01

Date

561-878-3819

Daytime Phone #

KE

CR2E081 (9/00)