

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000035742

1. Corporation Name

M.R. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

751 NW AIROSO BLVD
PORT ST LUCIE FL 34983
US

751 NW AIROSO BLVD
PORT ST LUCIE FL 34983
US



REINSTATEMENT 03

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

05/14/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0412357

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	4 City / State / Zip
P	RAHIM, ANWARUL	4449 N.W. BIGHORN AVE.	PORT ST LUCIE FL 34983

800025777008
12/25/03--01078--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAHIM, ANWARUL
751 NW AIROSO BLVD
PORT ST LUCIE FL 34983

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03
Date

772-878-3819
Daytime Phone #

CR2E040 (7/03)

20th Dec, 03

Secretary of State
Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir:

I apologise for the delay in sending the UBR since
prior notices didn't arrive at my office. Therefore,
enclosed pl. find a check for \$150/- to reactivate
my corporation status.

Best Regards,

Anwarul Rahim

MR Enterprises, INC.

751 NW Arroyo Blvd.

PSL, FL 34983