

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MRSB ENTERPRISES INC

2. Principal Office Address

3001 34TH STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

USA

3. Mailing Office Address

3001 N 34TH STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD FLORIDA

Zip

33021

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

NOV 1 1993

5. FEI Number

65-0466541

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SAMUEL ANIDJAR

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

3001 N 34TH STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

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

REGISTERED AGENT MUST SIGN

Date OCT-20 2003

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
PRES	SAMUEL ANIDJAR	3001 N34TH STREET	HOLLYWOOD, FLORIDA, 33021
V.P	ESTHER ANIDJAR	3001 N34TH STREET	HOLLYWOOD, FLORIDA 33021

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:

SAMUEL ANIDJAR

OCT/20/03 954-983-8230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

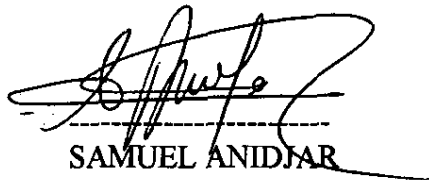
GENTLEMEN,

ENCLOSED PLEASE FIND MY COMPLETED UBR REPORT.

WE DID NOT RECEIVE THE ORIGINAL BILLING STATEMENT

ENCLOSED PLEASE FIND MY CHECK FOR 150.00, PLEASE ABATE THE
PENALTY AS I DID NOT RECEIVE THE NOTICE.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.



SAMUEL ANIDJAR