

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 25 PM 2:37

DOCUMENT # P 94000040961(2)

**1. Corporation Name**

MDR PARTNERS, INC

**2. Principal Office Address**

P.O. BOX 16927  
PLANTATION FL 33318

**3. Mailing Office Address**

P.O. BOX 16927  
PLANTATION FL 33318

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL 37

City & State

PLANTATION FL

Zip

33318

Country

Broward

Zip

33318

Country

Broward

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/01/1994

**5. FEI Number**

65-0516811

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**\$375 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

MARTHA D. REESOR

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

1861 NW 96th Avenue

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33318

**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

Martha D. Reesor

REGISTERED AGENT MUST SIGN

Date 12/29/01

**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
<u>Pres.</u>	<u>MARTHA D REESOR</u>	<u>1861 NW 96th AV</u>	<u>Plantation FL 33318</u>
<u>Secy/Treas.</u>	<u>JAMES W REESOR</u>	<u>1861 NW 96th AV</u>	<u>Plantation FL 33318</u>
<u>Pres.</u>			
<u>Secy</u>			

**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:**

MARTHA D. REESOR  
Martha D. Reesor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/01 954684 9811

Date

Daytime Phone #

CR2E081 (9/00)