


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 MAR -5 AM 10:32  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>PA 1000080202</u>					
1. Corporation Name <b>RD &amp; MP Enterprises, Inc.</b>					
Principal Place of Business			Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <b>3102 Bermwood Lane</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>11/29/94</b>	
City & State <b>Hollywood, Florida</b>		City & State		5. FEI Number <b>65-0540483</b>	
Zip <b>33021</b>	Country <b>USA</b>	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75</b> 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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
PSTD	Robert A. DeLizza	3102 Bermwood Lane	Hollywood, FL 33021		
V	Michael P. Shienvold	3102 Bermwood Lane	Hollywood, FL 33021		
			<b>900002107809--3</b> <b>03/10/97-01004-002</b> <b>***\$15.00 ***\$15.00</b>		
			<b>JB 3-5-97</b>		
8. Name and Address of Current Registered Agent  <b>Michael Paul Shienvold, Esq.</b> <b>20801 Biscayne Boulevard</b> <b>Suite 505</b> <b>Aventura, FL 33180</b>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> 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 <u><i>Michael P. Shienvold</i></u> Date <u>3/3/97</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <u>Michael P. Shienvold</u> <u><i>Michael P. Shienvold</i></u> <u>3/3/97</u> (305) 933-2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E040 (12/96)