

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 13 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000093233

1. Corporation Name

M.R. VENTURES, INC.

2. Principal Office Address

1000 LINCOLN ROAD

Suite, Apt. #, etc.

SUITE 206

City & State

MIAMI BEACH, FLORIDA

Zip

33139

Country

MIAMI-DADE

3. Mailing Office Address

1000 LINCOLN ROAD

Suite, Apt. #, etc.

SUITE 206

City & State

MIAMI BEACH, FLORIDA

Zip

33139

Country

MIAMI-DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

DECEMBER 23, 1994

5. FEI Number

65-0549779

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

MITCHELL RUBINSON

4000003856784-4

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

1000 LINCOLN ROAD SUITE 200

-03/16/01--01105--038

\*\*\*1200.00 \*\*\*1200.00

Suite, Apt. #, Etc.

City

MIAMI BEACH, FL

State

FL

Zip Code

33139

8. I, being appointed the registered agent for 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 2/26/2001

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
P/SEC	MITCHELL RUBINSON	1000 LINCOLN ROAD, SUITE 206	MIAMI BEACH, FLORIDA 33139

REINSTATEMENT 98-01  
dec

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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2001

305 531-5860