

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 11 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000003611**

1. Corporation Name

MDR CONSTRUCTION CORP.
19850 SW 83 AVE.
MIAMI, FL 33189 W-29927

2. Principal Office Address

19850 SW 83 AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33189

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT

98-01

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

1/14/97

5. FEI Number

65-0724947

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

MARIA E. DEL ROSARIO

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

19850 SW 83 AVE.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33189

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/12/00

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/T/S MARIA E. DEL ROSARIO 19850 SW 83 AVE.

MIAMI, FL 33189

7000003573427-9

-01/24/01--01085--003

******150.00 ****150.00**

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 ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

12/12/00

Daytime Phone #

(305) 259-8121

CR2E081 (9/99)