

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
1998 FOR AR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1998 NOV 16 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000086419

1. Corporation Name

MGR RESOURCES, INC.

Principal Place of Business

Mailing Address

2707 N. OCEAN BLVD.  
BOCA RATON FL 33431

2707 N. OCEAN BLVD.  
BOCA RATON FL 33431



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/07/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

650-79-7965

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Mara G. Reuben	2707 N. Ocean Blvd	Boca Raton, FL 33431

700002691657--0  
-11/19/98--01074--024  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COHEN, FRED C  
712 US HWY. 1  
N. PALM BEACH FL 33408

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(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)(j), 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:

Mara G. Reuben  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/13/98

561-362-0518

CR2E040 (9/98)

2



2707 N. OCEAN BOULEVARD  
BOCA RATON, FL 33431  
TEL. 561-362-0518  
FAX 561-447-9719

November 13, 1998

Mr. Sammy Caldwell  
Supervisor  
Division of Corporations  
Annual Report/Reinstatement Section  
409 East Gaines Street  
Tallahassee, FL 32399

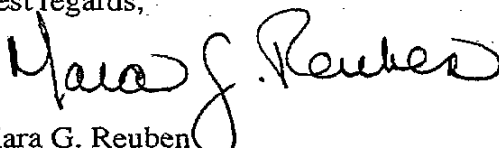
Dear Sammy:

Thank you so much for your cooperation and patience. Pursuant to our discussion, today, enclosed please find the completed red application for reinstatement, along with my check for \$150.00.

Please note that on the application form, I have included my apartment number 307D. The omission of my apartment number obviously accounts for the problems of not receiving the original April 1998 Annual Report and your notification of October 12, 1998.

Once again, thank you for your help and terrific attitude. If you have any questions or require additional information, please contact me at 561-362-0518.

Best regards,

  
Mara G. Reuben