

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 MAR 23 PM 1:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000095064**

1. Corporation Name

M-R HOLDINGS CORPORATION

Principal Place of Business

Mailing Address

~~15027 N.W. 60TH AVE., STE. 235~~
 MIAMI LAKES FL 33014

15291 N.W. 60TH AVE., STE. 235
 MIAMI LAKES FL 33014

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

15291 N.W. 60 Ave.
 Suite 103
 Miami Lakes, FL
 33014

15291 N.W. 60 Ave.
 Suite 103
 Miami Lakes, FL
 33014

4. Date Incorporated or Qualified To Do Business in Florida

11/05/1997

5. FEI Number

65-0901833

Applied For
 Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MARTINEZ, CLARO N	15027 N.W. 60TH AVE., STE. 235	MIAMI LAKES FL 33014
D	MARTINEZ, JESUS T	15291 N.W. 60TH AVE., STE. 235	MIAMI LAKES FL 33014
o p	RODRIGUEZ, LUIS M	15327 N.W. 60TH AVE., STE. 235 15291 N.W. 60 Ave Ste 103	MIAMI LAKES FL 33014
D	RODRIGUEZ, JOSE L	15327 N.W. 60TH AVE., STE. 235 15291 N.W. 60 Ave Ste 103	MIAMI LAKES FL 33014

100002831541 - 3

04/07/99 - 01006 - 010

***900.00 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Luis M. Rodriguez
~~MARTINEZ, CLARO N~~
~~15327 N.W. 60TH AVE., STE. 235~~
 MIAMI LAKES FL 33014

Name: Luis M. Rodriguez
 Street Address (P.O. Box Number is Not Acceptable): 15291 N.W. 60 Ave
 Suite, Apt. #, Etc.: Suite 103
 City: Miami Lakes State: FL Zip Code: 33014

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

REGISTERED AGENT MUST SIGN

Date

2/15/99

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)(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

2/15/99

305-819-0500

Date: Time: Phone: E

CR2E04G (9/98)