

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 4:27

DOCUMENT # P98000010744

1. Corporation Name

M & R HARVESTING, INC.

Principal Place of Business

Mailing Address

12765 W. FOREST HILL BLVD. STE 1304
WELLINGTON FL 33414

12765 W. FOREST HILL BLVD. STE 1304
WELLINGTON FL 33414

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1998

5. FEI Number 65-1027388
APPLIED FOR

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PTD	PERALES, JESUS	12765 W. FOREST HILL BLVD. STE.	WELLINGTON FL 33414
V	PERALES, MIGUEL R	2062 POLO GARDEN DR #108	WEST PALM BEACH FL 33414
S	PERALES, RICHARD J	1586 KNOTTHAM DR	WELLINGTON FL 33414

8000003434288-3
-10/23/00-01005--001
****750.00 ****750.00

10/10/18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PORRO, HILDA M
12769 W. FOREST HILL BLVD. STE. E
WELLINGTON FL 33414

Name

Hilda M. Porro

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

12773 W. Forest

Suite, Apt. #, Etc.

City

Wellington, FL

FL

33414

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
REGISTERED AGENT MUST SIGN

Date

11. 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

Date

Daytime Phone #

10/12/00 561-7989822