

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 SEP 22 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000091989

**1. Corporation Name**

M. & R. BUILDERS ENTERPRISES, INC.

**2. Principal Office Address**

1659 WEST 39TH PLACE

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33012

Country

DADE

**3. Mailing Office Address**

1659 WEST 39TH PLACE

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33012

Country

DADE

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

**5. FEI Number**

65-0892921

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

400023238024  
09/22/03--01061--006 \*\*750.00

**7. Name and Address of Current Registered Agent**

Name

RUIZ, ROLANDO

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

1659 WEST 39TH PLACE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

**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

REGISTERED AGENT MUST SIGN

Date

**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
D	RUIZ, ROLANDO	1659 WEST 39TH PLACE	HIALEAH, FLORIDA 33012

**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

08-07/2003

Date

(305) 446-0106

Daytime Phone #

CR2E081 (10/02)