

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 FEB -9 AM 11:24

SECRETARY OF STATE
TALLAHASSEE FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000105900

1. Corporation Name

MRCL Enterprises, INC.

2. Principal Office Address

520 7350-89 SOUTH

Suite, Apt. #, etc. TAMiami trail

3. Mailing Office Address

520 OAKBAY DR.

Suite, Apt. #, etc. NA

City & State

SARASOTA FL

Zip

34231

Country

USA

City & State

Osprey FL

Zip

34229

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/1999

5. FEI Number

65-0882740

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

ROBERT LUCCI

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

240 S. Pineapple Ave., Suite 750

Suite, Apt. #, Etc.

City

SARASOTA, FL

State

FL

Zip Code

34236

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

Robert Lucci

Date

2-07-01

REGISTERED AGENT MUST SIGN

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
Pres	Robert Lucci	520 OAKBAY DR.	Osprey FL 34229
VPR	MARGARET RUCKER	520 OAKBAY DR	Osprey FL 34229
		Osprey FL 34229	

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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:

Robert Lucci

2-07-01

941-921-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #