

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION**

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

**DOCUMENT # P99000055862**

**1. Corporation Name**  
 M. P. R. DEVELOPMENT, INC

**2. Principal Office Address**  
 6600 KINGSPONTE PKWY  
 Suite, Apt. #, etc.

**3. Mailing Office Address**  
 6600 KINGSPONTE PKWY  
 Suite, Apt. #, etc.

**City & State**  
 ORLANDO FLORIDA

**City & State**  
 ORLANDO FLORIDA

**Zip**  
 32819

**Country**  
 U.S.

**FILED**  
 01 SEP 12 AM 10:50  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**4. Date Incorporated or Qualified To Do Business in Florida**  
 JUNE 18, 1999

**5. FEI Number**  
 59-3583744

**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**  
 RODRIGUES DUARTE, NORBERTO

**Street Address (P.O. Box Number is Not Acceptable)**  
 272 CELEBRATION BLVD

**Suite, Apt. #, Etc.**

**City**  
 CELEBRATION

**State**  
 FL

**Zip Code**  
 34747

**600004603296-1**  
 -09/20/01--01078--016  
 \*\*\*\*300.00 \*\*\*\*300.00

**00-01432 TS**

**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**  
 [Signature]

**REGISTERED AGENT MUST SIGN**

**Date**  
 8/30/2001

**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
PS	RODRIGUES DUARTE, REINALDO	6600 KINGSPONTE PKWY	ORLANDO, FLORIDA / 32819
VP	DE OLIVEIRA SANTOS, MARLY	6600 KINGSPONTE PKWY	ORLANDO, FLORIDA / 32819
T	SANTOS DUARTE, PATRICIA	6600 KINGSPONTE PKWY	ORLANDO, FLORIDA / 32819

**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]

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 NORBERTO RODRIGUES DUARTE

**OFFICER**

**Date**  
 8/30/2001

**Daytime Phone #**  
 407.248.2626

CR2E081 (9/00)

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Florida Department of State,

Because we have never received the correspondence to pay the annual report, we failed to pay the annual reports.

We kindly request to pay the past due amount without any additional charges. Attached follows check for payment of year 2000 and 2001.

Sincerely,

M.P.R. DEVELOPMENT, INC