

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
~~REINSTATEMENT~~



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

DOCUMENT # P99000061678

1. Corporation Name

M & R BATTERY, INC.

Principal Place of Business

2036 EMERSON STREET
JACKSONVILLE FL 32207

Mailing Address

2036 EMERSON STREET
JACKSONVILLE FL 32207

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

06/28/1999

5. FEI Number

59-3603505

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HINSON, MELISSA	4526 CRAZY HORSE AVENUE	MIDDLEBURG FL 32258

8. Name and Address of Current Registered Agent

EDWARDS, MICHAEL L
24 NORTH MARKET STREET
SUITE 303
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/26/00

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.

KE

SIGNATURE:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-00 (904) 398-4888

Daytime Phone #

M & R BATTERY

M & R BATTERY
2036 EMERSON ST

Phone: 904-396-4868
FAX: 904-899-2873
email:

20/2

Monday, October 23, 2000

The Honorable Katherine Harris
Secretary of State
Divisions of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: Document P9900061678

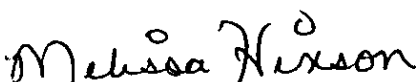
Dear Secretary Harris,

We are in receipt of your application of reinstatement, with accompanying forms.

As you are probably aware, our corporation was formed in 1999 and we actually started doing business in late September 1999. According to your reinstatement application you mailed us annual report forms between January and May of 2000 and again on June 9, 2000. We have never received any such forms.

We telephonically advised your office of this earlier today. Your representative instructed us to mail \$ 150.00 with this letter explaining the above. Enclosed , please find check # 1654 in the amount of \$150.00, for our annual corporation return.

Please reinstate us to "active status" and send us a receipt...


Melissa Hinson

President

Enclosurescc; Michael Edwards, Esq