

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 20 PM 12:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000097117

1. Corporation Name

MRM UNIVERSAL MGMT, INC.

2. Principal Office Address - No P.O. Box #
7 CARISSA COURT

3. Mailing Office Address
7 CARISSA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GREER, SC

City & State
GREER, SC

Zip Country
29650 USA

Zip Country
29650 USA

4. Date Incorporated or Qualified To Do Business in Florida **10/26/1999**

5. FEL Number
56-2166385

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
SATYA B SHAW

Street Address (P.O. Box Number is Not Acceptable)
13014 N DALE MABRY

Suite, Apt. #, Etc.
SUITE 109

City
TAMPA

State Zip Code
FL 33618

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **11/13/2007**

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
VPRES	MUKUND J DESAI	16 W SHEFFORD STREET	GREER, SC 29650
PRES	RAJNIKANT R PATEL	7 CARISSACOURT	GREER, SC 29650

400112351614
11/15/07--01004--007 **758.75

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 contained in Chapter 119, 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

11/13/2007

Date

864-297-8794

Daytime Phone #

MRM UNIVERSAL MANAGEMENT, INC.
7 CARISSA COURT
GREER, SC 29650

November 13, 2007

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Reinstatement Application
SUB: Document #P99000097117

Please find enclosed the letter we received from your office informing us to reinstate our above mentioned corporation. We have enclosed a check in the amount of **\$758.75** (\$750.00 to reinstate the corporation and \$8.75 for a certificate of status).

Please reinstate this corporation and send to us a certificate of status.

Sincerely,

Mukund J. Desai/bt

Mukund J. Desai
Vice President

MJD/bt
Enclosures