

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

01-09-99 PM 1:16

DOCUMENT # P99000100817

1. Corporation Name

MR Investments Corp.

2. Principal Office Address

340 West 19 Street

Suite, Apt. #, etc.

#3

City & State

Hialeah FL

Zip

33010

Country

miami-dade

3. Mailing Office Address

340 West 19 Street

Suite, Apt. #, etc.

#3

City & State

Hialeah- FL

Zip

33010

Country

miami-dade

4. Date Incorporated or Qualified
To Do Business in Florida

11-17-99

5. FEI Number

650974409

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

Ruben F. Figueroa-Vallés

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

340 West 19 Street

Suite, Apt. #, Etc.

#3

City

Hialeah

State

FL

Zip Code

33010

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

8-6-04

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 |
|--------|--------------------------------------|---|-------------------------|
| P. | <u>Ruben F. Figueroa-Vallés</u> | <u>340 W. 19 Street #3</u> | <u>Hialeah FL 33010</u> |
| V.P. | | | |
| S. | | | |
| T. | | | |
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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:

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

Date

8-6-04 (786) 281-3330

Daytime Phone #

CR25081 (01/04)