

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 28 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000110272

1. Corporation Name

MRW MANAGEMENT INC

2. Principal Office Address - No P.O. Box #

1020 NW 62ND ST

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 81200

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

ALBUQUERQUE NM

Zip

33309

Country

USA

Zip

87198

Country

USA

CR2E081 (1/07) 11-21-07 01074 002 \$1,050.00

4. Date Incorporated or Qualified
To Do Business in Florida

12-22-1999

5. FEI Number

86-0974967

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

RICHARD WHITTINGTON

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

1020 NW 62ND ST

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33309

☐ 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

[Signature of Richard Whittington]

Date

11-21-07

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
DIR	NERISSA WHITTINGTON	123 CENTRAL AVE	ALBUQUERQUE NM 87105
DIR	KEELY REYES	123 CENTRAL AVE	ALBUQUERQUE NM 87105
DIR	RICHARD WHITTINGTON	123 CENTRAL AVE	ALBUQUERQUE NM 87105

REINSTATEMENT
205-07

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

Date

11/27/07

Daytime Phone #