

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPLICATION FOR REINSTATEMENT

DOCUMENT # S26366

1. Corporation Name
MRE OF BOCA, INC.

Principal Place of Business
19050 FOX LANDING DRIVE
BOCA RATON FL 33434

Mailing Address
19050 FOX LANDING DRIVE
BOCA RATON FL 33434



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 01/22/1991

5. FEI Number 22-1757393 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	EDELMAN, ROBERT	19050 FOX LANDING DR	BOCA RATON FL
STX P	EDELMAN, MARJORIE D	19050 FOX LANDING DR	BOCA RATON FL 33434
VP	Price, Kathy	4355 N.W. 112 Avenue	Coral Springs, FL 33065
ST	Goldner, Jill	190 Savage Drive	Holland, PA 18966

000009176660
11/22/02-01007-013 **150.75

8. Name and Address of Current Registered Agent
EDELMAN, ROBERT D.
19050 FOX LANDING DRIVE
BOCA RATON FL 33434

9. Name and Address of New Registered Agent
Name: Marjorie D. Edelman
Street Address (P.O. Box Number is Not Acceptable): 19050 Fox Landing Drive
Suite, Apt. #, Etc.
City: Boca Raton, State: FL Zip Code: 33434

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. or 617.0505, F.S.

Signature of Registered Agent: *Marjorie D. Edelman* Date: 11/5/02
REGISTERED AGENT MUST SIGN

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)(f), 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: *Marjorie D. Edelman* Date: 11/5/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Marjorie D. Edelman, President Date: Daytime Phone #

MARJORIE D. EDELMAN
19050 Fox Landing Drive
Boca Raton, FL 33434

November 5, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**RE: Application for Reinstatement for
MRE of Boca, Inc.
Taxpayer ID No: 22-1757393**

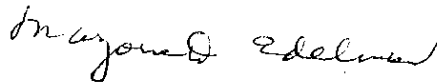
Dear Sir/Madam:

As a director of MRE of Boca, Inc., please be advised that my husband, Robert Edelman, died on April 21, 2001. My husband was the President of this corporation and handled all of the necessary filings. I do not recall having received any UBR notices for filing the 2002 annual report for MRE of Boca, Inc. Accordingly, it would be greatly appreciated if you would waive the reinstatement fee of \$600.00.

I am enclosing the executed Application for Reinstatement with the necessary changes and my check payable to the Florida Department of State in the amount of \$158.75. Please forward a Certificate of Status to my attention.

If you should have any questions, please contact my attorney, Kenneth Edelman, at (561) 883-8962. Thank you.

Sincerely,



MARJORIE D. EDELMAN, President

MDE:emh
Enclosures