

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 17 AM 9:40

DOCUMENT # P00000060700

1. Corporation Name

maruchi Glamorous Corp.

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

2605 S.W. 115 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

14650 S.W. 180 ST.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami

Zip

33165

Country

U.S.A.

Zip

FL

Country

33177

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/2000

5. FEI Number

65-1022966

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/07)

7. Name and Address of Current Registered Agent

Name

Kennya Quesada

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

2605 S.W. 115 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

☒ 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

Kennya Quesada

Date

REGISTERED AGENT MUST SIGN

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
PVP, S.T	Kennya Quesada	2605 S.W. 115 Ave	Miami, FL 33165

04/17/08 - 01049 - 018 ***50.00

REINSTATEMENT 06-08 B 4/18/08

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:

Kennya Quesada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #