

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300009055513
11/18/02--01105--003 **150.00

DOCUMENT # *PO1000008881*

1. Corporation Name

*MARIO'S Repairs and
Services, Inc.*

2. Principal Office Address

12698 NW 102 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

12698 NW 102 Ave

Suite, Apt. #, etc.

City & State

HiAleh Gardens

City & State

HiAleh Gardens

Zip

33018

Country

DADE

Zip

33018

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 1-2001

5. FEI Number

65-110902

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

CAVADIA MARIO

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

12698 NW 102 Avenue

Suite, Apt. #, Etc.

City

HiAleh Gardens

State

FL

Zip Code

33018

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

Nov. 12-02

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
<i>President</i>	<i>MARIO CAVADIA</i>	<i>12698 NW 102 Ave</i>	<i>HiA. Gardens FL 33018</i>

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

Nov-12-02

Daytime Phone #

CR2081 (9/01)

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To Whom May it Concern

NOV-12-2002

The intention of this letter is
to let you know that the Corporation
Mario's Repair and Services, Inc.

that was established on Jan-1-2002

And the only reason that I did not

submit the payment to activate the

Corporation was that I was never

notified and this is my first year in

business and I would like to keep in

business Please forgive me for not sending

the money I was not aware of it now I

was not aware of the amount due.

Sincerely

Mario Cavada