

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLC RIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 AUG 30 PM 11:59  
**FILED**

2010 AUG 30 A 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000184868450  
08/30/10--01055--013 \*\*1050.00

DOCUMENT # P06000030813

1. Corporation Name

MAFENICK CORPORATION

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

591 E SAMPLE ROAD

Suite, Apt. #, etc.

177

City & State

POMPANO BEACH, FL

Zip

33064

Country

BROWARD

3. Mailing Office Address

591 E SAMPLE ROAD

Suite, Apt. #, etc.

177

City & State

POMPANO BEACH, FL

Zip

33064

Country

BROWARD

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/2006

5. FEI Number

20-4409199

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

JORGE T GANENE

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

591 E SAMPLE ROAD

Suite, Apt. #, Etc.

SUITE 177

City

POMPANO BEACH

State

FL

Zip Code

33064

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

REGISTERED AGENT MUST SIGN

Date 08/09/2010

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	JORGE T GANENE	591 E SAMPLE ROAD SUITE 177	POMPANO BEACH, FL 33064
VP	CONCEICAO G FIGUEROA	591 E SABLE ROAD SUITE 177	POMPANO BEACH, FL 33064

REINSTATEMENT 08-10

FS 8/31/10

ERS

10. E-mail Address: conceicao@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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:

08/09/2010 954-788-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #