

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

DO NOT WRITE IN THIS SPACE

**FILED**

97 JUN 24 AM 9:46

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # S45265**

Marciano Rosario, Inc.  
 6468 West Flagler Street  
 Miami, FL 33144

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

TALLAHASSEE FLORIDA

Address

**REINSTATEMENT**

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida  
 3/26/91

5. FEI Number  
 65-0269170

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75** Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/S	Marciano A. Rosario	6468 West Flagler Street	Miami, FL 33144
D	Angel B. Agustin	8282 S.W. 124 St. Lot B 12	Miami, FL 33156

700002225327--5  
 -06/27/97--01108--011  
 \*\*\*1410.00 \*\*\*1410.00

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

Marciano Rosario  
 6468 West Flagler Street  
 Miami, FL 33144

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL.

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.

Signature of Registered Agent

*Marciano A. Rosario*  
 REGISTERED AGENT MUST SIGN

Date 6/16/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

*Marciano A. Rosario*  
 MARCIANO A. ROSARIO

Date 6/16/97

Daytime Phone # (305) 264-4140

Typed or printed name of signing officer or director

CR2E040 (8-92)