

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 12 AM 10:44

DOCUMENT # 553935

1. Corporation Name

MAROD EXPORT SERVICES, INC.

Principal Place of Business

Mailing Address

460 W 18TH ST
HIALEAH FL 33010
US

P O BOX 520021
MIAMI FL 33152
US



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/03/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1768307

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RODRIGUEZ, MARIO	1910 SW 57TH CT	MIAMI, FL 00000
ST	RODRIGUEZ, MARIO	1910 SW 57TH CT	MIAMI FL
			800004736238--1
			-12/24/01--01003--013
			****150.00 ****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ MARIO
1910 SW 57TH CT
MIAMI FL 33155

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date

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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/01 305-885-0015

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MAROD EXPORT SERVICES
P.O. BOX 520021
MIAMI, FLORIDA 33152
TEL: (305) 885-0055

November 13, 2001

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

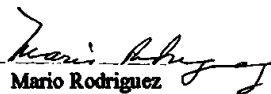
REF: Marod Export Services
Document no. 553935

Gentlemen:

Attached please find the Uniform Business Report for the above-referenced corporation, as well as our check for \$150.00

We never received the original form nor any other form until now. Because of this, we respectfully request that you waive the penalties.

Sincerely,


Mario Rodriguez
President