

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 24 PM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P94000031805

**1. Corporation Name**

MARSH HARBOR INTERNATIONAL CORP.

**2. Principal Office Address**

888 Brickell Ave.

**3. Mailing Office Address**

888 Brickell Ave.

Suite, Apt. #, etc.

Fifth Floor

Suite, Apt. #, etc.

Fifth Floor

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

Miami-Dade

Zip

33131

Country

Miami-Dade

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04-20-1994

**5. FEI Number**

65-0494886

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

Pedro P. Saez, Esq.

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

SAEZ & ASSOCIATES 888 Brickell Ave.

Suite, Apt. #, Etc.

Fifth Floor

City

Miami

State

FL

Zip Code

33131

**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 3-1-04

**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
PDT	Liliana C. De Kafie	888 Brickell Ave. 5th Floor	Miami, FL 33131
D	Blanca De Canahuati	888 Brickell Ave., 5th Floor	Miami, FL 33131
S	Marta C. De Larach	888 Brickell Ave., 5th Floor	Miami, FL 33131

**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:**

*Liliana C. de Kafie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 25/2004

Date

305-358-0028

Daytime Phone #

CR2ED01 (01/04)