

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J43545

1 Corporation Name

**MARVILLA CORP**

**FILED**  
**Jun 28, 2017 08:00 AM**  
**Secretary of State**

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

13865 W DIXIE HWY

Suite, Apt. #, etc.

City & State

N MIAMI

Zip

33161

Country

USA

3. Mailing Office Address

13865 W DIXIE HWY

Suite, Apt. #, etc.

City & State

N MIAMI

Zip

33161

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/21/1986

5. FET Number

04-2942173

Applied For

NOT APPLICABLE

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STUART H GLAUSER

Street Address (P.O. Box Numbers Not Acceptable)

1771 NE 162 STREET

Suite, Apt. #, etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

00000000000000000000  
06/26/17-01015-005 \*\*1500.00

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

6/26/17

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	THOMAS R SPENO	13865 W DIXIE HWY	N MIAMI, FL 33161

10. E-mail Address: tspeno@pcd-realty.com  
(to be used for future annual report notification)

11. I certify that I am an officer or director of 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. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

SIGNATURE: [Signature]

THOMAS R. SPENO

6/26/17

934-801-7267

DAYTIME PHONE #