

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 26 PM 12:42

DOCUMENT # **F91380**

1. Corporation Name

**MARGARITAVILLE, INC.**

Principal Place of Business

Mailing Address

ATTN: JOHN DAY  
2632 SEA ISLAND DR  
FT LAUDERDALE FL 33301  
US

ATTN: JOHN DAY  
2632 SEA ISLAND DR  
FT LAUDERDALE FL 33301  
US

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



**REINSTATEMENT**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/20/1982	
City & State		City & State		5. FEI Number	
Zip		Country		59-2207732	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	CORDERO, WAYNE	3164 NE 31 AVE.	LIGHTHOUSE POINT FL
VP	DAY, JOHN	2632 SEA ISLAND DRIVE	FT LAUDERDALE FL 33301

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORDERO, WAYNE 3164 N.E. 31ST AVENUE LIGHTHOUSE POINT FL 33064		Name <b>WAYNE CORDERO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2632 SEA ISLAND DR</b> Suite, Apt. #, Etc. City <b>FT. LAUDERDALE</b> State <b>FL</b> Zip Code <b>33301</b>	

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

*Wayne Cordero*  
REGISTERED AGENT MUST SIGN

Date **10/20/00**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Wayne Cordero*

**10/20/00**  
Date

**9545228369**  
Daytime Phone #

CR2E040 (8/00)