

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F91380

1. Entity Name  
MARGARITAVILLE, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP -6 PM 1:52

Principal Place of Business  
~~602 W LAKEWOODE CIRCLE~~  
~~DELRAY BEACH, FL 33445~~ US  
~~2632 SEA ISLAND DRIVE~~  
~~FT. LAUD., FL 33301~~

Mailing Address  
~~602 W LAKEWOODE CIRCLE~~  
~~DELRAY BEACH, FL 33445~~ US  
~~2632 SEA ISLAND DR.~~  
~~FT. LAUD., FL 33301~~

2. Principal Place of Business - No P.O. Box #  
2632 Sea Island Drive

3. Mailing Address  
2632 Sea Island Drive

City & State  
Ft. Lauderdale, FL

City & State  
Ft. Lauderdale, FL

Zip  
33301

Country  
US

Zip  
33301

Country  
US

08312007 REIN-P CR2E098 (1/07)

4. FEI Number  
59-2207732

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORDERO, WAYNE  
602 W LAKEWOODE CIRCLE  
DELRAY BEACH, FL 33445

## 7. Name and Address of New Registered Agent

Name  
JOHN DAY  
Street Address (P.O. Box Number is Not Acceptable)  
2632 Sea Island Drive  
City  
Ft. Lauderdale FL Zip Code  
33301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE  
9/14/07

FILE NOW!!! FEE IS \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE  
D ☒ Delete  
NAME  
CORDERO, WAYNE  
STREET ADDRESS  
602 W LAKEWOODE CIRCLE  
CITY-ST-ZIP  
DELRAY BEACH, FL 33445

TITLE  
VP, P, S & D ☐ Delete  
NAME  
DAY, JOHN  
STREET ADDRESS  
2632 SEA ISLAND DRIVE  
CITY-ST-ZIP  
FT LAUDERDALE, FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300109129103  
09/05/07--01016--005 \*\*900.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
9/14/07

DAYTIME PHONE #