

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 21, 2003 8:00 A.M.
Secretary of State

DOCUMENT # **F91380**

1. Corporation Name

MARGARITAVILLE, INC.

Principal Place of Business

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

Mailing Address

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

W. CORDERO
602 W. LAKEWOOD CIR.
DELRAY BCH. FL.
33445

100003612421
01/21/03--01072--002 **150.00



100009612421
12/20/02--01023--006 **150.00

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

07/20/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2207732

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
D	CORDERO, WAYNE	3404 NE 31 AVE. 602 LAKEWOOD CIRCLE W.	LIGHTHOUSE POINT FL
VP	DAY, JOHN	2632 SEA ISLAND DRIVE	FT LAUDERDALE FL 33301

8. Name and Address of Current Registered Agent

CORDERO, WAYNE
~~2632 SEA ISLAND DR~~
~~FT LAUDERDALE FL 33301~~

9. Name and Address of New Registered Agent

Name **WAYNE CORDERO**
Street Address (P.O. Box Number is Not Acceptable)
602 W. LAKEWOOD CIRCLE W.
Suite, Apt. #, Etc.
City **DELRAY BCH** State **FL** Zip Code **33445**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/05/02

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:

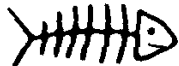
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/05/02

OLD KEY LIME HOUSE



WATERFRONT GRILL & BAR
Florida's Oldest Waterfront Restaurant • Est. 1889

1-17-03

TO WHOM IT MAY CONCERN.

I HAVE SPOKEN WITH EOCA TWICE
REGARDING WAIVING OF PENALTY BECAUSE
OF NON-RECEIPT OF THE FIRST NOTICE
FOR MARGARITAVILLE INC, BUT I FAILED TO
WRITE A LETTER REQUESTING WAIVER.

FOR NON RECEIPT. THE CORRECT ADDRESS
IS W. CORDERO

602 W. LAKEWOOD CIRCLE
DELRAY BCH, FL. 33445

PLEASE CORRECT ANY RECORDS THAT MAY
HAVE PRE-DIVORCE ADDRESS. OTHER THAN
THIS ONE.

A CHECK FOR \$150 ADDITIONAL TO THE
PREVIOUS ONE YOU CASHED ON 12/20/02 IS
NOW INCLUDED.

THANK YOU

WAYNE CORDERO