

APPLICATION FOR REINSTATEMENT



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

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DOCUMENT # F93000005189

1. Corporation Name

MAAREV (NETHERLANDS) N.V.

Principal Place of Business

Mailing Address

~~C/O 1 SE 3RD AVE
 STE 800
 MIAMI FL 33131
 US~~

~~C/O 1 SE 3RD AVE
 STE 800
 MIAMI FL 33131
 US~~

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

2. New Principal Office Address, if Applicable
11900 Biscayne Blvd.

3. New Mailing Office Address, if Applicable
11900 Biscayne Blvd.

4. Date Incorporated or Qualified To Do Business in Florida
11/16/1993

Suite, Apt. #, etc.
Suite 803

Suite, Apt. #, etc.
Suite 803

5. FEI Number

65-0423937

Applied For

Not Applicable

City & State
Miami, Florida

City & State
Miami, Florida

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip
33181

Country
USA

Zip
33181

Country
USA

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, P, T, S | Arthur Lubell | 350 5th Avenue, Suite 7610 | New York, New York 10118 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ROZENCRAIG & GRANOFF
 1 SE 3RD AVE #800
 MIAMI FL 33131~~

Name
Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable)
100 SE 2nd Street

Suite, Apt. #, Etc.
Suite 3500

City
Miami

State
FL

Zip Code
33131

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

SIGNATURE REQUIRED

 REGISTERED AGENT MUST SIGN

Date **12/27/00**

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)(l), F.S. The information included 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
Arthur Lubell, President

12/27/00
 Date

212-736-7432
 Daytime Phone #

F93000005189

**Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State**

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : BERMAN WOLFE & RENNERT, P.A.
Account Number : 076103002011
Phone : (305) ~~577-4166~~ 375-6588
Fax Number : (305)373-6036

CORPORATION REINSTATEMENT

MAAREV (NETHERLANDS) N.V.

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
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