

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT #

684175

1. Corporation Name

Marmut Investment, Inc Corp.

Principal Place of Business

Mailing Address

1901 Brickell Avenue
#B701
Miami, Florida 33129

1901 Brickell Avenue
#B701
Miami, Florida 33129

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

February 7, 1984

5. FEI Number

65-0310449

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Margarita Arevalo	1901 Brickell Avenue #B701	Miami, Florida 33129
S	Margarita Arevalo	1901 Brickell Avenue #B701	Miami, Florida 33129
T	Margarita Arevalo	1901 Brickell Avenue #B701	Miami, Florida 33129

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Raoul Garcia-Vidal
Penthouse II-C
2655 Le Jeune Road
Coral Gables, Florida 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

10/21/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

M. de Aranda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/99

Date

444-8382

Daytime Phone #

APPROVED
AND
FILED

99 OCT 26 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****900.00 *****900.00

REINSTATEMENT

CR2001 (12/98)