

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 DEC 31 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 453787

1. Corporation Name

T. Marino, Inc

Principal Place of Business

Mailing Address

3301 NW 97th TERR
SUNRISE, FL 33351

10025 SUNSET STRIP
SUNRISE, FL 33351

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

2. New Principal Office Address, If Applicable

1944 TART STREET

3. New Mailing Office Address, If Applicable

P.O. BOX 450549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

SUNRISE, FLORIDA

Zip

33020

Country

USA

Zip

33322

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-24-85

5. FEI Number

59-2523798

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
<u>P</u>	<u>TERRANCE MARINO</u>	<u>1944 TART STREET</u>	<u>HOLLYWOOD, FLORIDA 33020</u>

8. Name and Address of Current Registered Agent

MARIO C. MARINO
19920 NW 3rd AVE
MIAMI, FL 33169

9. Name and Address of New Registered Agent

Name FREDERICK B GOMEZ

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

1140 Kane Concourse

Suite, Apt. #, etc. 5th FLOOR

City Bay Harbor Islands

State

FL

Zip Code

33154

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 12-28-98

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-11-98 925-0486

Daytime Phone #