

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 25 AM 10:10

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J95395

1. Corporation Name

Margi Corp.

REINSTATEMENT

02-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
7600 Red Road

3. Mailing Office Address
7600 Red Road

Suite, Apt. #, etc.
#124

Suite, Apt. #, etc.
#124

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33143

Country
USA

Zip
33143

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1987

5. FEI Number
592844265

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Luis Rios

Street Address (P.O. Box Number is Not Acceptable)
8360 West Flagler Street

Suite, Apt. #, Etc.
Suite 200

City
Miami

State
FL

Zip Code
33144

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **6/9/07**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NATHAN HALEGUA	8360 W. FLAGLER ST SUITE 200	MIAMI, FLA 33144

200104825752
06/25/07--01038--024 **1508.75

10. 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 contained in Chapter 119, 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

Daytime Phone #

(305) 554-7229