

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **K55007**

1. Corporation Name
MARIO Import & Export, Inc.

Principal Place of Business Mailing Address
3501 S.W. 8th St. SUITE No. 211 MIAMI, FL. 33135 **10570 N.W. 8th LANE MIAMI, FL. 33172**

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

FILED

97 DEC 19 AM 11:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 91-977

4. Date Incorporated or Qualified To Do Business in Florida
Dec. 30, 1988

5. FEI Number
65-0091260 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/T | MARIO RUSSO | 3501 S.W. 8th St. Suite 211, Miami, FL. 33135 | Miami, FL. 33135 |
| V/S/D | OLGA RUSSO | 3501 S.W. 8th St. Suite 211 | Miami, FL. 33135 |

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 -12/23/97--01080--006
 ***1645.00 ***1645.00

Handwritten: 12-22-97

8. Name and Address of Current Registered Agent

MARIO RUSSO
3501 S.W. 8th St. Suite 211
MIAMI, FL. 33135

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State **FL** Zip Code

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: **Mario Russo**
 REGISTERED AGENT MUST SIGN

Date **12/14/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: **Mario Russo** **Olga Russo**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/97 **305-2272272**
 Date Daytime Phone #
305-2272296

CPRE000 11-2-96