

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
1997-1998

FILED

98 SEP 21 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT

DOCUMENT # *M38612*

1. Corporation Name
COMERCIALIZADORA MARANDRES OF FLORIDA, INC.

Mailing Address: 10847 N.W. 7 St. # 23 Miami, Fl. 33172
Principal Place of Business: 10847 N.W. 7 St. # 23 Miami, Fl. 33172

REINSTATEMENT 97-98

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

2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		9/17/86	
City & State		City & State		5. FEI Number	
Zip		Country		65-0101542	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Cesar Perea	10847 N.W. 7 St., #23	Miami, Florida 33172

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-09/25/98--01086--016
****308.75--****308.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Dario Echeverry Monsalve 584 E. 4 Ave. Miami, Fl. 33010		Name: Cesar Perea Street Address (P.O. Box Number is Not Acceptable): 10847 N.W. 7 St., Suite, Apt. #, Etc.: 23 City: Miami State: FL Zip Code: 33172	

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: *Cesar Perea* Date: 9/17/98
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Cesar Perea* 9/17/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR9040 (8/94)