

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN -1 PM 1:15

DOCUMENT # **M53263**

1. Corporation Name

**MARILYN CAPU Attorney
AT LAW PA**

2. Principal Office Address

8550 N.W. 33 St.

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33122

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

-

City & State

REINSTATEMENT 29-01

4. Date Incorporated or Qualified
To Do Business in Florida

June 4, 1987

5. FEI Number

59-2823808

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

MARILYN CAPU

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

8550 N.W. 33 St

Suite, Apt. #, Etc.

Suite 200

City

miami

State

FL

Zip Code

33122

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

5/30/01

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
Pres.	MARILYN CAPU	8550 NW 33 St. #200 miami, FL 33122	miami, FL 33122

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 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

[Handwritten Signature]

Date

5/30/01

Daytime Phone #

305 447-4676

CR2E081 (9/00)