


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

02 DEC 23 PM 12:16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # N010000000044**

1. Corporation Name  
**MARILLI CONDO - ASSOCIATION INC.**

2. Principal Office Address <b>2294 53 Rd</b>		3. Mailing Office Address <b>2294 53 Rd</b>	
Suite, Apt. #, etc. <b># 2294</b>		Suite, Apt. #, etc. <b># 2294</b>	
City & State <b>Hialeah, FLA</b>		City & State <b>Hialeah, FLA</b>	
Zip <b>33016</b>	Country <b>USA</b>	Zip <b>33016</b>	Country <b>USA</b>

**2002 UBR** 

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **65-1113208**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

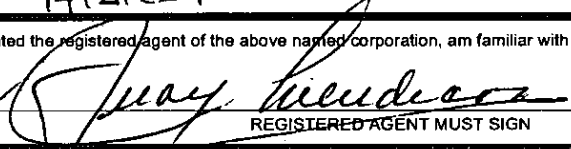
Name **MENDICOA, JUAN** **08/26/02 90067 031**

Street Address (P.O. Box Number is Not Acceptable)  
**2294 53 Rd ST.** **\$ 75.00**

Suite, Apt. #, Etc.  
**# 2294**

City **Hialeah** State **FL** Zip Code **33016**

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.

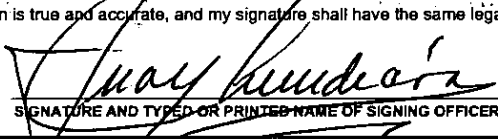
Signature of Registered Agent  Date **12/10/02**

REGISTERED AGENT MUST SIGN

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
D	MENDICOA, JUAN	2294 53 Rd. ST #2294	Hialeah, FL, 33016
D	MATOS, DIONYS	2296 W 53 ST	Hialeah, FL, 33016
D	CRUZ, OSVALDO	2306 W. 53 ST	Hialeah, FL, 33016

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:  **12/10/02** **305 887-4185**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/01)

2052

Marililli Condo-Association Inc.

2494 53 Rd St. Apt 2294

Hialeah Florida 33016

December 10, 2002

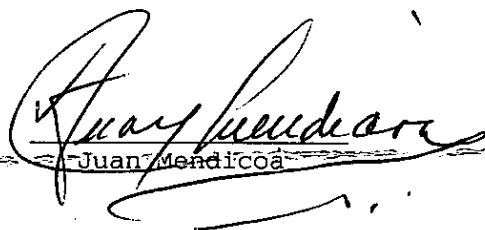
DEPARTMENT OF STATE

REF: DOCUMENT # N01000000044

As per our phone conversation I am sending again the documentation sent on November 8<sup>th</sup> 2002, and explain that I never received any letter from the Department of State establishing that the corporation was not renewed properly on time and the explanation why, today your representative clarify to me the reason.

I just download from the internet the form for the reinstatement and the payment was collected all ready on August.

Thanks for your help.

  
Juan Mendicó