

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUN 15 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N07000006389**

1. Corporation Name

MARSEILLE, A CONDOMINIUM, INC.

500181948655

06/10/10--01009--006 **283.75

08-10

CR28081 (6/10)

2. Principal Office Address - No P.O. Box #

1470 N.W. 107 AVE #

3. Mailing Office Address

Same

Suite, Apt. #, etc.

X

Suite, Apt. #, etc.

City & State

Doral FL

City & State

Zip

33172

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

JEANNETTE FACIOLINCE

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

1470 N.W. 107 AVENUE

Suite, Apt. #, Etc.

X

City

Doral

State

FL

Zip Code

33172

500181948655

06/15/10--01006--012 **75.00

REINSTATEMENT

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6-9-10**

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	ELSIE FACIOLINCE	1935 MARSEILLE DRIVE #2	MIAMI BEACH FL 33140
S	MARCIO TORRES	1935 MARSEILLE DRIVE #2	MIAMI BEACH FL 33141
T	JEANNETTE FACIOLINCE	1935 MARSEILLE DRIVE #2	MIAMI BEACH FL 33141

10. E-mail Address: **JEANNETTE.BELL@SOFT.NET**

(To be used for future annual report notification)

11. 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. I further certify, 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]

JEANNETTE FACIOLINCE

6-9-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUN 15 2010