

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 AUG 14 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003881

1. Corporation Name

MARICHEM MARIGASES WORLDWIDE SERVICES, INC.

2. Principal Office Address

2222 Ponce de Leon Blvd.
Suite, Apt. #, etc.

Penthouse Suite

City & State

Coral Gables, Florida

Zip

33134

Country

USA

3. Mailing Office Address

2222 Ponce de Leon Blvd.
Suite, Apt. #, etc.

Penthouse Suite

City & State

Coral Gables, Florida

Zip

33134

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1/06/2000

5. FEI Number

65-0979484

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

Mary Lou Rodon Alvarez, Esq.

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

2222 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Penthouse Suite

City

Coral Gables

State
FL

Zip Code
33134

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

REGISTERED AGENT MUST SIGN

Date 8/14/06

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	John G. Capous	16 Pinewood Road	Mamhasset, NY 11030

3 08/14/06

REINSTATEMENT 02-1358

500078881705
08/18/06--01033--016 **1358.75

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 contained in Chapter 119, 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:

John G. Capous

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

516-365-1340

Daytime Phone #