

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 APR -2 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017636

1. Corporation Name

MARGOMES CORP.

2. Principal Office Address

12993 S.W. 112th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

12993 S.W. 112th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/18/2000

5. FEI Number
65-0987140

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

Nancy Terminello, Esq.

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

TERMINELLO & TERMINELLO, P.A.

Suite, Apt. #, Etc.

2700 S.W. 37th Avenue

City

Miami

State
FL

Zip Code
33133

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

03/29/02

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., Treasurer, Director	Goncalves, Joao	12993 S.W. 112th Street	Miami, FL 33133
Vice-Pres., Secretary, Director	Maria Gomes Goncalves	12293 S.W. 112th Street	Vice-President, Director

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

Joao Goncalves, Pres.

Date

Daytime Phone #

(305) 387-3675

CR2E081 (9/01)

Charter Number Only

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3/29/02

Terminello E Terminello

Requestor's Name

2700 SW 37 AVE.

Address

MIAMI, FL 33133

City

State

ZIP

Phone

444-5002-A

CORPORATION(S) NAME

Margomes Corp.

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☒ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

RECEIVED
02 APR - 2 AM 9:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304



Empire Toll Free: 1-800-432-3028