

1072  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 26 AM 8:00

DOCUMENT # P00000017636

1. Corporation Name

Margomes, Corp.

2. Principal Office Address

12993 S.W. 112 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

12993 S.W. 112 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 02/18/00

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

*Nancy Terminello*  
REGISTERED AGENT MUST SIGN

Date 02/17/04

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
PTD	Goncalves, Joao	12993 S.W. 112th Street	Miami, FL 33186
VPD	Goncalves, Maria Gomes	12993 S.W. 112th Street	Miami, FL 33186

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-04  
Date

Daytime Phone #

CR2E061 (01/04)

292  
**TERMINELLO & TERMINELLO, P.A.**

ATTORNEYS AT LAW  
2700 S.W. 37 AVENUE  
MIAMI, FLORIDA 33133-2728

LOUIS J. TERMINELLO\*  
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NANCY TERMINELLO\*\*  
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(305) 444-5002  
FAX: (305) 448-5566  
Website: www.terminello.com

PLEASE REPLY TO:  
MIAMI

BROWARD OFFICE  
2455 HOLLYWOOD BLVD.  
SUITE 118  
HOLLYWOOD, FL 33020  
(954) 929-9600

ALSO ADMITTED IN:

\*NEW YORK  
\*WASHINGTON, D.C.

\*\*NEW YORK

ELI GUERRIERI  
LICENSING ADMINISTRATOR  
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DANIELLE M. TERMINELLO  
LEGAL ASSISTANT  
E-MAIL: danielle@terminello.com

MICHAEL H. TARKOFF  
LITIGATION SUPPORT  
E-MAIL: mtarkoff@terminello.com

February 18, 2004

Florida Department of State  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
Tallahassee, FL 32314

RE: MARGOMES CORP.  
P00000017636

Dear Sir or Madam:

Enclosed please find a reinstatement form for the above captioned along with a check in the amount of Three Hundred (\$300.00) Dollars as and for the fees due for 2003 and 2004. I have enclosed a copy of the last annual report filed in 2002, which reflects the corrected address as: 12993 S.W. 112<sup>th</sup> Street, Miami, FL 33186. Apparently the address was never corrected in your records and therefore my client never received the subsequent annual reports and correspondences (2003 and 2004).

Thank you for your kind consideration in this matter. Of course, should you have any questions in this regard, please do not hesitate to contact me.

Very truly yours,

  
Nancy Terminello

NT/nt  
Encls. as stated