

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 29 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038565

1. Corporation Name

MARAKI INC.

REINSTATEMENT 00  
03

2. Principal Office Address

5700 NE 20TH AVE. FLA. 33308

Suite, Apt. #, etc.

3. Mailing Office Address

5700 NE 20TH AVE.  
FORT LAUDERDALE 33308

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL Fort Lauderdale

Zip

33308

Country

USA

Zip

33308

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

APRIL-18-2000

5. FEI Number

65-1000717

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

Charles S. Serfaty

100025818651

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

4330 Sheridan Street

12/23/03-01057-022 \*\*\*00.00

Suite, Apt. #, Etc.

Suite 202B

City

HOLLYWOOD

State

FL

Zip Code

33021

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

CHARLES S. SERFATY

Date 12-26-2003

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
President	IOANNIS BONOS	5700 NE 20TH AV.	Fort Lauderdale FL 33308

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

12-26-03

Date

954-938-5254

Daytime Phone #

CR25081 (10/02)