

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -7 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P00000043808

1. Corporation Name

MARCHLAND HOLDINGS (USA) INC.

2. Principal Office Address

4757 N. Ocean Blvd.

3. Mailing Office Address

814 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 505

City & State

Ft. Lauderdale, FL

City & State

Coral Gables, FL

Zip

33308

Country

USA

Zip

33134

Country

USA

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

05/02/2000

5. FEI Number

651009024

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

Ernesto Sanchez, P.A.

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

814 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Suite 505

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**

Ernesto Sanchez
REGISTERED AGENT MUST SIGN

Date 4/28/2004

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	Jassan, Elias	3800 Galt Ocean Dr. #612	Ft. Lauderdale, FL 33308
VPS	Jassan, Dora C.	3800 Galt Ocean Dr. #612	Ft. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

(305) 441-2040

Daytime Phone #

CR2E081 10/1/04