


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000043989**

1. Corporation Name

**MARUSA LINK, INC.**

Principal Place of Business

4839 S.W. 148TH AVE., SUITE 318  
DAVIE FL 33330

Mailing Address

4839 S.W. 148TH AVE., SUITE 318  
DAVIE FL 33330

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/01/2000

5. FEI Number

65-1013905

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GONZALEZ, MYRNA	4839 S.W. 148TH AVE., SUITE 318	DAVIE FL 33330

800004744788-5  
-12/31/01--01048--007  
\*\*\*\*150.00 \*\*\*\*150.00

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent

GONZALEZ, MYRNA  
4839 S.W. 148TH AVE., SUITE 318  
DAVIE FL 33330

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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

11/13/01

Date

Daytime Phone #

CR2E040 (8/01)

NOVEMBER 13, 2001

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P. O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

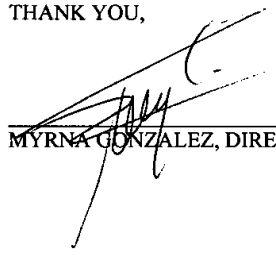
RE: REINSTATEMENT - MARUSA LINK, INC.

TO WHOM IT MAY CONCERN:

AS PER OUR TELEPHONE CONVERSATION, PLEASE ACCEPT THIS LETTER  
AS OUR WRITTEN REQUEST FOR WAIVER OF THE PENALTIES DUE TO  
NON-RECEIPT OF PREVIOUS UNIFORM BUSINESS REPORTS.

ATTACHED, PLEASE FIND AN APPLICATION FOR REINSTATEMENT FOR  
MARUSA LINK, INC., TOGETHER WITH A CHECK IN THE AMOUNT OF  
\$150.00.

THANK YOU,

  
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MYRNA GONZALEZ, DIRECTOR