

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 22 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MARCA USA INC.

800033724168
04/23/04--01025--005 **150.00

REINSTATEMENT 07-04

2. Principal Office Address

3. Mailing Office Address

3001 S. OCEAN DR

Suite, Apt. #, etc.

6-0

City & State

HOLLYWOOD FL

Zip

33019

Country

Suite, Apt. #, etc.

City & State

Zip

Country

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

06/00

5. FEI Number

651020242

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

RUTH CARPEL

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

3001 S. OCEAN DR.

Suite, Apt. #, Etc.

6-0 6-0

City

HOLLYWOOD

State

FL

Zip Code

33019

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

04/13/04

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 |
|--------|--------------------------------------|---|---------------------|
| PRES | RUTH CARPEL | 3001 S. OCEAN DR. 6-0 | HOLLYWOOD, FL 33019 |
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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

Date

Daytime Phone #

RUTH CARPEL 04/13/04 954 924 2467

MARCA USA, INC.
3001 S. OCEAN DR. # 6-0
HOLLYWOOD, FLA. 33019

RE: FID # 65-0712648

TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND OUR PROFIT CORPORATION REINSTATEMENT
FORM AND A CHECK FOR \$150.00 FOR THE CURRENT YEAR (2004).
WE ARE SORRY THAT WE LET THE CORPORATION BECOME INACTIVE, BUT
DID NOT RECEIVE YOUR LETTER SENT TO US REGARDING THE CHANGE IN
THE REGISTERED AGENT FEBRUARY 2003 AS PER YOUR PEOPLE AT THE
DEPARTMENT.
PLEASE ACCEPT OUR APOLOGIES AND ALLOW US TO MAKE THIS
PAYMENT IN LIEU OF THE OTHER CHARGES FOR REINSTATEMENT FOR
2004.

SINCERELY,



RUTH CARPEL
PRESIDENT

04/13/04.