

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000067243

1. Corporation Name

MARGO ,INC

2. Principal Office Address - No P.O. Box #

7460 SABAL DR

Suite, Apt. #, etc.

City & State

MIAMI LAKES

Zip
33014

Country
USA

3. Mailing Office Address

7460 SABAL DR

Suite, Apt. #, etc.

City & State

MIAMI LAKES

Zip
33014

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07-13-2000

5. FEI Number

65-1036134

☐ 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
MARIA MADRUGA

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

7460 SABAL DR

Suite, Apt. #, Etc.

City
MIAMI LAKES

State
FL

Zip Code
33014

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **03-14-07**

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
D	EDUARDO GOMEZ	19454 NW 24 PL	PEMBROKE PINES, FL 33029
D	ALICIA MARTINEZ-FONTS	7460 SABAL DR	MIAMI LAKES, FL 33014
D	MARIA MADRUGA	7460 SABAL DR	MIAMI LAKES, FL 33014

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 contained in Chapter 119, 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

3-14-07

Date

Daytime Phone #

(305) 525-6216

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT -9 PM 4:28

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10/09/07--01013--002 **600.00

REINSTATEMENT 04-07

B 10/15/07