

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 25 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 7000000 67371

1. Corporation Name

Oderis Marulanda Enterprises, Inc.

2. Principal Office Address

1161 19th St SW

Suite, Apt. #, etc.

3. Mailing Office Address

1161 19th St SW

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34117

Country

USA

Zip

34117

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07-14-2000

5. FEI Number

59-3657833

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

Oderis Marulanda

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

1161 19th St SW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

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

Oderis Marulanda

Date

4-19-05

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
<u>Pres/CEO</u>	<u>Oderis Marulanda</u>	<u>1161 19th St SW Naples, FL 34117</u>	<u>Naples, FL 34117</u>

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:

Oderis Marulanda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/05

Daytime Phone #

Oderis Marulanda Enterprises, Inc.
1161 19th St SW
Naples, FL 34117

April 19th, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: UBR late filing

Dear DOS:

It came to our attention recently that our corporation had been dissolved in 2001. We changed address in early in 2001 and never received notification of such required filing.

We are enclosing Corporate Reinstatement form and request that under the circumstances the penalty of \$600 reinstatement fee be waived.

Sincerely,



Oderis Marulanda
President of
Oderis Marulanda Enterprises, Inc.