

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -1 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000 71783**

1. Corporation Name

MAJOSEF, CORPORATION

900018568809
05/08/03--01065--027 **900.00

2. Principal Office Address

520 Brickell Key Dr.

Suite, Apt. #, etc.

Suite 305

City & State

MIAMI FL

Zip

33131

Country

USA

3. Mailing Office Address

520 Brickell Key Dr.

Suite, Apt. #, etc.

Suite 305

City & State

MIAMI FL

Zip

33131

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

7/27/2000

5. FEI Number

52-2257632

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

TransGlobal Corporate Administration

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

520 Brickell Key Dr.

Suite, Apt. #, Etc.

Suite # 305

City

MIAMI

State

FL

Zip Code

33131

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

[Signature] Director

REGISTERED AGENT MUST SIGN

Date **4/28/03**

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 | BARRA, Mario Chorato | 520 Brickell Key Dr. #305 | MIAMI, FL. 33131 |
| AS | Rojas, Marco | 520 Brickell Key Dr. #305 | MIAMI, FL. 33131 |
| | | | |
| | | | |
| | | | |
| | | | |

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] Marco Rojas Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/28/03**

Daytime Phone # **305 3743800**

CR2E081 (10/02)

91 512