FILED

02 FEB -4 PM 3:28

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000093818

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****900.00 ****900.

1. Corporation Name

maverick 551, Inc.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
4045 Sheridan Ave	
Suite, Apt. #, etc.: 240	Suite, Apt. #, etc.
City & State: Miami Beach - FL	City & State
Zip: 33140 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0994250 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: Boederovic, George

Street Address (P.O. Box Number is Not Acceptable): 4045 Sheridan Ave

Suite, Apt. #, Etc.: 240

City: Miami Beach - FL State: FL Zip Code: 33140

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: _____ Date: _____

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
P.	Boederovic, George 4045 Sheridan Ave Suite 240 Miami Beach - FL 33140		

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 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: _____ GEORGE BOEDEROVIC 1-7-02 (305) 440-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (9/01)

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