

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 NOV -9 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

PD000000102846

1. Corporation Name

MARIANGELIS ENTERPRISE, INC.

2. Principal Office Address

3984 PALM AVENUE

Suite, Apt. #, etc.

City & State

HALEAH, FLORIDA

Zip

33012

Country

U.S.A.

3. Mailing Office Address

3984 PALM AVENUE

Suite, Apt. #, etc.

City & State

HALEAH, FLORIDA

Zip

33012

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1052469

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

ANDREW CUEVAS, ESQ.

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

536 BILTMORE WAY

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code

33134

200004703682-5

-12/04/01-01031-014

****750.00 ****750.00

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

Andrew Cuevas

REGISTERED AGENT MUST SIGN

Date

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/15/D	JOSE RODRIGUEZ	3984 PALM AVENUE HALEAH, FL 33012	HALEAH, FL 33012
VP/1/D	JESUS VERDES	3984 PALM AVENUE	HALEAH, FL 33012

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 #

(202) 823-7814

CR2E081 (9/00)