

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -9 PM 5:02

DOCUMENT # P01000017412

1. Corporation Name

MUSMARK AMERICAN CORP.

2. Principal Office Address

16909 N BAY RD

3. Mailing Office Address

16909 N BAY RD

Suite, Apt. #, etc.

406

Suite, Apt. #, etc.

406

City & State

SUNNY ISLES, FL

City & State

SUNNY ISLES, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2001

5. FEI Number

65-1075235

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

JORGE STOLL

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

16909 N BAY RD

Suite, Apt. #, Etc.

406

City

SUNNY ISLES

State

FL

Zip Code

33160

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 04/30/2006

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	JORGE ALBERTO STOLL	16909 N BAY RD 406	SUNNY ISLES, FL 33160
VP	GERMAN DANIEL STOLL	16909 N BAY RD 406	SUNNY ISLES, FL 33160
VP	ERIC EDGARDO STOLL	16909 N BAY RD 406	SUNNY ISLES, FL 33160

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:

JORGE A STOLL

04/30/2006

954-534-4105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #