

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000017412**

1. Corporation Name

MUSMARK AMERICAN CORP.

Principal Place of Business

Mailing Address

3300 NE 191 ST
#1405
AVENTURA FL 33180

3300 NE 191 ST
#1405
AVENTURA FL 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~4000 SW 40 AVE~~

Suite, Apt. #, etc.

City & State

~~PEMBROKE PARK~~

Zip

~~33023~~

Country

~~U.S.A.~~

3. New Mailing Office Address, If Applicable

~~2425 NW 33RD ST.~~

Suite, Apt. #, etc.

~~1311~~

City & State

~~FORT LAUDERDALE, FL~~

Zip

~~33309~~

Country

~~U.S.A.~~

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/2001

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STOLL, JORGE ALBERTO	3300 NE 191 ST STE 1405	AVENTURA FL 33180
DV	STOLL, GERMAN DANIEL	3300 191 ST STE 1408	AVENTURA FL 33180
P	STOLL, JORGE ALBERTO	2425 NW 33RD ST. #1311	FORT LAUDERDALE, FL 33309
DV	STOLL, GERMAN DANIEL	2425 NW 33RD ST. #1311	FORT LAUDERDALE, FL 33309

8. Name and Address of Current Registered Agent

STOLL, JORGE A
3300 NE 181 ST STE #1405
MIAMI FL 33180

9. Name and Address of New Registered Agent

Name

~~STOLL, JORGE A.~~

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

~~2425 NW 33RD ST.~~

Suite, Apt. #, Etc.

~~1311~~

City

~~FORT LAUDERDALE~~

State

~~FL~~

Zip Code

~~33309~~

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/20/03

11. 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

~~STOLL, Jorge Alberto~~

Date

Daytime Phone #

10/20/03 954-717-9991

CR2E040 (7/03)