## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

8	RPORATION			DEPARTMENT OF STATE Secretary of State			FILED	
REIN	STATEMENT			SION OF CORPORATIO	NS	05 N	OV 21 PH 10: 32	
DOCUMENT # <b>P</b> 01000026392  1. Corporation Name						9ECF TALL	ETARY OF STATE MASSEE, FLORIDA	
Magran Moving and Storage, Inc.								·
2. Principal Office Address  8693 5.W. 159 Poth  Suite, Apt. #, etc.  3. Mailing 0  8693  Suite, Apt. #, etc.				S.W. 159	Path	REINS	TATEMENI	03-05
						4. Date Incorp	porated or Qualified	1 2004
City & State City & State						5. FEI Numbe	<u> </u>	1-2001 X Applied For
Zìp	I QMI	rlorida	Zip	di Horic	la	65-	1120460	Not Applicable
3319	73 105	<del>SA</del>	3310	1 - 1 -	$\Theta$	6. CERTIFICATI	OF STATUS DESIRED S8.75 for a	Additional Fee required Certificate of Status
7. Name and Address of Current Registered Agent								
	Name Mario Alonso							
	Street Address (P.O. Box Number is Not Acceptable) 8093 S.W. 1594 Path Suite, Apt. #, Etc.							
*	City $\bigcirc$ 0	amp					State Zip Code FL 33193	
8. I, being appointed the noistered 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								23,200 <b>5</b>
9. Names and Street Addicases of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directo								
Titles `	Office	Name of ers and/or Directors			Address of Each and/or Director		City / State /	Zip
President	Mario	Alon	50	8693 SW.	159th	Path_	MiaMi, Fl	33193
Director	<u>Mario</u>	Alonso		8693 SW	159th	Path.	Mani, F/ 3	3193
Office	Marlo	Alonso		8693SW	159HL	Path	MICH F/33	193
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	_					<b>40</b> 11/21/	006160390 0501040018 **	<b>4</b> 450.00
			*** ·					
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 filling 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #								

2012

## Mafran Moving & Storage Inc. 8693 S.W. 159th Path Miami, Fl 33193

To Whom It May Concern:

The reason for this letter is to bring to your knowledge that my Corporation Mafran Moving and Storage, FEI Number 65-1120460 / Document # P01000026392 is sending you a check of \$ 450.00 for its reinstatement. Also I am asking please, for the waiver of \$600.00, since I never received any correspondence or any document to file.

Please take into consideration this petition. I really was not aware of these happenings at all. I will do everything that is necessary for this inconvenience not to happen again.

I will really appreciate if you can let me know exactly what date I need to file in the yearly basis, or if there a way that you can withdrawal the corporation's filling fee from my business account or my credit card directly.

I truly apologize for any inconvenience that this may caused you.

Thank you very much for the attention given to this important matter. Any questions you can contact me at 305-338-4797 or 305 388-3321.

Thank again

Mario Alonso President