

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 17 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 01000038089

1. Corporation Name
Marconis, Inc.

2. Principal Office Address
2031 NW 20th Street

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33142

Country

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 04/16/01

5. FEI Number
65-1106420

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

02.05

7. Name and Address of Current Registered Agent

Name
Concepcion Ruiz-Lasa

Street Address (P.O. Box Number is Not Acceptable)
2031 NW 20th Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33142

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

2/10/05

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
D	Concepcion Ruiz Lasa	2031 NW 20th Street	Miami, FL 33142
V	Cresencio Lasa	2031 NW 20th Street	Miami, FL 33142

REINSTATEMENT

02-05

700047421967

03/01/05--01003--002 **\$600.00

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 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)(f), 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 #

2/10/05

CFR2081 (01/05)

February 02, 2005

Florida Department of State
Secretary of State
Division of Corporations
Corporation Reinstatement Area

Re: Document # P01000038089

To Whom It May Concern:

Please be advised that Marconis, Inc. did not received any prior notices from the Florida Department of State nor Secretary of State nor Division of Corporations due to this, we ask for a Waiver of Reinstatement Fee.

Sincerely,

Concepcion Ruiz-Lasa

The years for Corporation not received were:

2000 - 2001 started
2001 2002
2002 2003
2003 2004
2004 2005

not received

The information was send to old address.