

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR -4 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038234

**1. Corporation Name**

Maya's Enterprises of USA, Inc

**2. Principal Office Address**

9245 Ramblewood Dr.

Suite, Apt. #, etc.

1233

City & State

Coral Springs, FL.

Zip

33071

Country

USA

**3. Mailing Office Address**

9245 Ramblewood Dr.

Suite, Apt. #, etc.

1233

City & State

Coral Springs, FL

Zip

33071

Country

USA

500015770275

04/14/03--01003--027 \*\*150.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/2/01

**5. FEI Number**

65-1087681

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

Marianna Scirankova

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

9245 Ramblewood Dr.

Suite, Apt. #, Etc.

1233

City

Coral Springs

State

FL

Zip Code

33071

**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

Date

REGISTERED AGENT MUST SIGN

**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	Marianna Scirankova	9245 Ramblewood Dr, #1233	Coral Springs, FL. 33071

**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)(l), 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 #

03/22/03

(954) 816-1494

Marianna Scirankova, President

8/15

CP2E081 (9/01)