

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000038347

1. Corporation Name

MARIMILA INTERIOR'S, INC.

2. Principal Office Address

17841 SW 4TH COURT

Suite, Apt. #, etc.

17841

City & State

PEMBROKE PINES, FLORIDA

Zip

33029

Country

USA

3. Mailing Office Address

17841 SW 4TH COURT

Suite, Apt. #, etc.

17841

City & State

PEMBROKE PINES, FLORIDA

Zip

33029

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/12/2001

5. FEI Number

65-1093068

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.70 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARTINEZ, MARIA M

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

17841 SW 4TH COURT

Suite, Apt. #, Etc.

17841

City

PEMBROKE PINES

State Zip Code

FL

33029

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 10/24/2002

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 / Street / Zip

D

MARTINEZ, MARIA M

17841 SW 4TH COURT

PEMBROKE PINES, FL 33029

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)(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

10/24/2002

Date

Daytime Phone #

# KATTOURA & ASSOCIATES, INC.

ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #315  
Boca Raton, FL 33432  
TEL: (561) 362-0491

P.O. Box 728  
Boca Raton, FL 33429  
FAX: (561) 394-5134

National Society of Tax Professional

October 25, 2002

Division Of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

**REF: Marimila Interior's, Inc**  
**Annual Report # P01000038347**

Dear Sirs.


The Above referenced corporation has never received any notices at all. We are enclosing a report and a check in the amount of \$ 150,00 for 2002. Please accept this annual report as reinstatement.

Although we would like to verify our address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter..

If you have any further, please do not hesitate to contact us.

Sincerely,

  
Andre K Kattoura