

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 28 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000067093

1. Corporation Name

MARAVILLA LINEN & CLEANING SERVICES INC

Principal Place of Business

5829 NW 37TH ST
MIAMI SPRINGS FL 33166

Mailing Address

5829 NW 37TH ST
MIAMI SPRINGS FL 33166

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

2. New Principal Office Address, If Applicable

same as above

3. New Mailing Office Address, If Applicable

14651 SW 132nd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Fla.

Zip

Country

Zip

Country

33186

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2001

5. FEI Number

65-1127650

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
PD	TRIGOSO, AIDA	5829 NW 37TH ST	MIAMI SPRINGS FL 33166
VP/S	Trigoso, Tammy	14651 SW 132nd	Miami, FL 33186

100008603861
10/28/02--01023--001 **758.75

8. Name and Address of Current Registered Agent

TRIGOSO, AIDA
5829 NW 37TH ST
MIAMI SPRINGS FL 33166

9. Name and Address of New Registered Agent

Name
Tammy Trigoso
Street Address (P.O. Box Number is Not Acceptable)
14651 SW 132nd Court
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33186

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

Tammy Trigoso
REGISTERED AGENT MUST SIGN

Tammy Trigoso 10/22/02

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:

Tammy Trigoso 10/22/02 3004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #