

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 12 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000076935

1. Corporation Name

Marcabri Services, Inc.

2. Principal Office Address

8181 NW 36th Street

Suite, Apt. #, etc.

13F

City & State

Miami, Florida

Zip

23166

Country

USA

3. Mailing Office Address

8181 NW 36th Street

Suite, Apt. #, etc.

13F

City & State

Miami, Florida

Zip

33166

Country

USA

200019740782
05/22/03--01065--026 **150.00

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

5. FEI Number

65-1126949

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

Oscar Martos

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

8181 NW 36th Street

Suite, Apt. #, Etc.

13-F

City

Miami

State
FL

Zip Code
33166

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

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
PD	Oscar Martos	8181 NW 36 St Ste 13-F	Miami, Florida 33166

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

05/01/03 (305) 718-8685

Date

Daytime Phone #

CR2E081 (10/02)

71 5/20

Marcabri Services, Inc.
8181 NW 36th Street Ste 13F
Miami, Florida 33166
Phone (305) 718-8685

April 30, 2003

Division of Corporations

~~P.O.Box #1500~~

Tallahassee, Florida 32302-1500

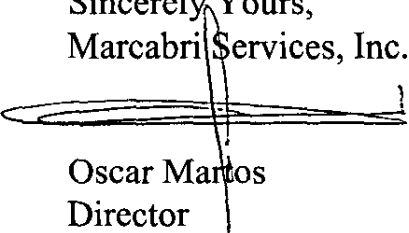
Ref: 2003 UBR (P01000076935)

To whom it may concern:

Per our conversation please be informed that we have no records of receiving any correspondence with regards to not having a registered agent. In January of this year our attorney removed our registered agent since that individual was no longer involved with our corporation, however we were unaware of the fact that we had no Registered Agent. According to our accountant the address reflected in your systems is not correct. We think that's what created the problem. We are very careful and pay all items on time. As instructed by your office we ask that you consider waiving the penalty fees and accept the enclosed applications. Under the current financial condition we cannot afford any added cost. Attached please find our 2003 Reinstatement-as-instructed by your office-and-a check for \$150.00 each to cover the filing cost. Thanking you in advanced I remain.

If you have any questions, please don't hesitate to contact us.

Sincerely Yours,
Marcabri Services, Inc.



Oscar Martos
Director