

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
FILED

104

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 14 AM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 801000 100767

1. Corporation Name

MAKAHA CORPORATION

*Handwritten mark*

**2002-2003 UBR**

900011915779  
03/17/03--01062--002 \*\*150.00

2. Principal Office Address

3. Mailing Office Address

11271 INTERCHANGE CIRCLE S.  
Suite, Apt. #, etc.

373 COCONUT CIRCLE  
Suite, Apt. #, etc.

City & State

City & State

MIRAMAR, FL

WESTON, FL

Zip

Country

Zip

Country

33205

UNITED STATES

33326

UNITED STATES

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
11-3231675

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

RICARDO SERPA

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

373 COCONUT CIRCLE

Suite, Apt. #, Etc.

City

Weston, FL 33326

State

Zip Code

FL

33326

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

X

Date 03-14-03

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
PRES	RICARDO SERPA	373 COCONUT CIRCLE	WESTON, FL 33326

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

ATTORNEY

Date

Daytime Phone #

ENCLOSURE

CR2E081 (10/02)



Florida Department of Revenue  
**Power of Attorney**

DR-835  
R. 06/95

2097

**(1) Taxpayer Information**

Taxpayer's Name(s) and Address (Please type or print.)

**MAKAHA CORPORATION  
11271 INTERCHANGE CIRCLE SOUTH  
MIRAMAR, FL 33205**

Social Security Number(s)

Federal Employer  
Identification Number  
**65-1148638**

Florida Tax Registration  
Number

Daytime Telephone Number

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**(2) Representative(s) (Please type or print.)**

Name and Address **MARSHALL LIPNER, CPA**

**THEISS, LIPNER & CO., LLP**

**420 LINCOLN ROAD, SUITE 412, MIAMI BEACH, FL 33139**

Telephone No. **(305) 535-0950**

Fax No. **(305) 535-8916**

Name and Address

Telephone No.

Fax No.

Name and Address

Telephone No.

Fax No.

to represent the taxpayer(s) before the Department of Revenue for the following tax matters:

**(3) Tax Matters**

Type of Tax	Matter of Representation	Tax Periods
<b>CORPORATION REINSTATEMENT</b>	<b>203. REINSTATEMENT (CORP)</b>	<b>2002</b>

Said attorney(s)-in-fact (or either of them) shall, subject to revocation, have authority to receive or inspect confidential information and full power to perform on behalf of the taxpayer(s) the following acts with respect to the above tax matters: (Strike through any which are not granted.)

To execute waivers of restrictions on assessment or collection of deficiencies in tax;

To execute consents extending the statutory period for assessment or claims for refund of taxes;

To execute closing agreements under Section 213.21 of the Florida Statutes;

To receive, but not to endorse and collect, warrants in payment of any refund of taxes, penalties or interest;

To delegate authority or to substitute another representative; and

To perform other acts (be specific) \_\_\_\_\_

(4) Receipt of Refund Warrants: If you want to authorize a representative named in line 2 to receive, but not to endorse or cash, refund warrants, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund warrants \_\_\_\_\_

(5) Notices and Communications: Notices and other written communications will be sent only to the first representative listed in line 2.

- a) If you want such notices and communications to go to you and not your representative, check this box ..... ☐
- b) If you want such notices and communications to go to you and copies to go to your representative, check this box ..... ☐

CAROLYN ZILINA



# THEISS, LIPNER & CO., LLP

CERTIFIED PUBLIC ACCOUNTANTS

214-11 NORTHERN BOULEVARD, BAYSIDE, NEW YORK 11361

TEL (718) 225-7325 • FAX (718) 631-2469

MEMBERS  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
NEW YORK STATE SOCIETY OF  
CERTIFIED PUBLIC ACCOUNTANTS  
NATIONAL CONFERENCE OF  
CPA PRACTITIONERS

January 30, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Makaha Corporation  
65-1148638

Gentleman/Ladies:

We represent the above referenced corporation. A Florida Power of Attorney is enclosed herewith.

We respectfully request that the above referenced corporation be reinstated for reasonable cause and that the reinstatement fee of \$600.00, the annual report fee of \$61.25 and the corporate supplemental fee of \$88.75 be abated.

The corporation was incorporated on October 17, 2001. Its initial mailing address was 19098 NE 4<sup>th</sup> Court, Miami, Florida 33179. The corporation moved to 11271 Interchange Circle South, Miramar, Florida 33205 on December 1, 2001. Our client has advised us that they did not receive the annual report for 2002. The president of Makaha Corporation is a citizen of Brazil and was not familiar with the State of Florida corporation registration requirements.

The corporation again moved to its current mailing address 373 Coconut Circle, Weston, Florida 33326.

Accordingly we are enclosing the taxpayer's check in the amount of \$150.00 representing the annual fee for the amount that would have been due by May 01, 2002, together with a completed Corporation Reinstatement Form.

484

On behalf of our client we gratefully thank the State of Florida for its attention and consideration to this matter.

Very Truly Yours,

  
Marshall Lipner, CPA

Enclosures:

- Florida Department of Revenue Power of Attorney Form DR-835.
- Florida Department of State Corporation Reinstatement form signed by the president of Makaha Corporation, Ricardo Serpa, a citizen of Brazil.
- Makaha Corporation's check in the amount of \$150.00.

ML:cv

