

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**
**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 MAY 12 AM 10:11

**DOCUMENT #** P01000119619**1. Corporation Name**

MAPREN REAL ESTATE, INC

**2. Principal Office Address - No P.O. Box #**

1825 Ponce de Leon Blvd

Suite, Apt. #, etc.

# 208

City &amp; State

Coral Gables FL

Zip

33134

Country

USA

**3. Mailing Office Address**

1825 Ponce de Leon Blvd

Suite, Apt. #, etc.

#208

City &amp; State

Coral Gables FL

Zip

33134

Country

USA

CR2E081 (12/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida****5. FEI Number**☒ Applied For☐ Not Applicable**6. CERTIFICATE OF STATUS DESIRED**\$9.75 Additional Fee required  
for a Certificate of Status**7. Name and Address of Current Registered Agent**

Name

Carlos Fita

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

1825 Ponce De Leon Blvd

Suite, Apt. #, Etc.

#208

City

Miami

State  
FLZip Code  
33134
☒ The reinstatement fee is imposed, except in  
 circumstances which the entity did not receive  
 the prior notices. By checking this box, you  
 are certifying the prior notices were not  
 received and requesting the reinstatement  
 fee be waived.

**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 05-09-2008

**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	Carlos Fita	1825 Ponce de Leon Blvd 208	Coral Gables FL 33134

 REINSTATEMENT  
 REINSTATEMENT

04-08

B 5/13/08

 300130172508  
 05/23/08--01012--011 \*\*750.00

**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 contained in Chapter 119, 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:**

05-09-2008

305-7736473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #