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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 OCT 30 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000025786

1. Corporation Name

MARABAL OF FLORIDA HOLDINGS, INC

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
946 FALLING WATERS	946 FALLING WATERS
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FLORIDA	City & State: WESTON, FLORIDA
Zip: 33326 Country: U.S.A.	Zip: 33326 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 03/27/2002

5. FEI Number: 01-0622036 ☐ 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: MELBA HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable): 946 FALLING WATERS

Suite, Apt. #, Etc.:

City: WESTON State: FL Zip Code: 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 617.0505, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (11/02)

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 Officers and/or Director	City/State/Zip
PTD	BALLESTEROS, M. AURELIO	946 FALLING WATERS	WESTON, FL 33326
VSD	HERNANDEZ, MELBA	946 FALLING WATERS	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: _____ MELBA HERNANDEZ 10/22/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF PL02524F.1

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

MARABAL OF FLORIDA HOLDINGS, INC.

Certificate of Status	0
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