

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 23 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000057971**

1. Corporation Name
MAIRAU, INC.

W05-28208

600055707466
06/03/05--01016--010 **150.00

REINSTATEMENT **04-05**

2. Principal Office Address
9347 SW 40 Street

3. Mailing Office Address
9347 SW 40 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33165

Country
USA

Zip
33165

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
46-0483357

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
MARCOS, MAIRA

Street Address (P.O. Box Number is Not Acceptable)
9347 SW 40 ST

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33165

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

Date

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
P	MARCOS, MAIRA	9347 SW 40 ST	MIAMI FL 33165

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:

MARCOS, MAIRA

4/21/05

(786) 553-0187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

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

Dear Sir or Madam at the Florida Division of Corporation,

As per our conversation on May 15, 2005 we write this letter on behalf of:

MAIRAU, INC.

9347 SW 40 ST-
MIAMI FL 33165

Document Number
P02000057971

FEI Number
46-0483357


Date Filed
05/23/2002

The representative at the Division allowed us to pay the regular annual fee for last years renewal. This corporation never received its annual report renewal card and we ask that you please waive the reinstatement fee due to non-receipt of the notice.

I am sending you two checks of \$150.00 each for both last years and this year's renewal.

Thank you very much for your understanding,

Sincerely,



MARCOS, MAIRA
9743 SW 40 ST
MIAMI FL 33165
President