

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 24 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000060619

**1. Corporation Name**

Victor Maruri, Inc.

**REINSTATEMENT** 03-04

000029252950  
02/23/04--01074--003 \*\*150.00

**2. Principal Office Address**

17255 SW 95 AVE

Suite, Apt. #, etc.

Apt I-121

City & State

MIAMI, FL

Zip

33157

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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

**5. FEI Number**

02-0616459

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

Alberto Maruri

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

17255 SW 95 AVE

Suite, Apt. #, Etc.

Apt I-121

City

MIAMI

State

FL

Zip Code

33157

**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

REGISTERED AGENT MUST SIGN

Date

2-20-04

**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	MARURI, Victor	17255 SW 95 AVE Apt I-121	MIAMI FL 33157

**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:

X MARURI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04

Date

Daytime Phone #

(305) 519-669

CR2E081 (01/04)

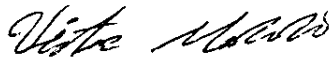
VICTOR MARURI, INC.  
17255 SW 95 AVE #1 121  
MIAMI FL 33157  
(305) 519-6169

Friday, February 20, 2004

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
REINSTATEMENT DEPART

The corporation VICTOR MARURI, INC. is inactive and I did not received an letter for correction of the annual report dated on January 22 of 2003. Please I requesting a waiver to reinstate my corporation. I submitting copy of the cancelled check to proof that I sent the report and the payment. If you have any question please contact me at the address above.

Thank you,

  
Victor Maruri  
President