

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -2 AM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000065201

1. Corporation Name

MARANELLO INVESTMENTS, INC.

2. Principal Office Address
9595 Collins Avenue

3. Mailing Office Address
9595 Collins Avenue

Suite, Apt. #, etc.

#710 N7-5

Suite, Apt. #, etc.

#710 N7-5

City & State

Surfside, Florida

City & State

Surfside, Florida

Zip

33154

Country

USA

Zip

33154

Country

USA

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

6/12/02.

5. FEI Number

☒ 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

Arvesu & Associates, PLLC

Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle, Suite 502

Suite, Apt. #, Etc.
Suite 502

City

Coral Gables

State
FL

Zip Code
33134

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 6/29/04.

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/S	Geovanni Angelini	9595 Collins Ave, #710 N7-5	Surfside, Florida 33154
VP/T	Patrizia Angelini	9595 Collins Ave, #710 N7-5	Surfside, Florida 33154

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:

Patrizia Angelini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/8/04.

Daytime Phone #

305-442-2558

CR2E081 (01/04)