


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P02000065201

1. Corporation Name

Maravello Investments Inc.

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

9595 Collins Ave

3. Mailing Office Address

W09-37613

Suite, Apt. #, etc.

N7-J

Suite, Apt. #, etc.

City & State

Surfside, FL.

City & State

Zip

Country

Zip

Country

33154

7. Name and Address of Current Registered Agent

Name

Roxana Mirabal

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

3650 NW 82 Ave, PH 505

Suite, Apt. #, Etc.

City

Miami

State

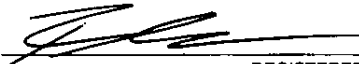
FL

Zip Code

33166

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

6/19/09

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
PS	Geovanni Angelini	9595 Collins Ave N7-J	Surfside, FL 33154
VPT	Patrizia, Angelini	9595 Collins Ave N7-J	Surfside, FL 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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/09

Date

305 593-2011

Daytime Phone #

FILED
09 JUL 13 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900156944919
06/09/09--01029--011 **1358.75

REINSTATEMENT 05-09
CR2E0814 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.