

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 16 AM 11:33

DOCUMENT # P02000090512

1. Corporation Name

MAQUEIRA PROPERTIES, INC.

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

419 CACTUS DRIVE

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

33041

Country

USA

3. Mailing Office Address

419 CACTUS DRIVE

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

33041

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/20/2002

5. FEI Number  
56-2361586

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

RAUL JR. GASTESI

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

8105 NW 155 STREET

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33016

☒ 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.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 4-11-2008

**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
PD	JUSTO MAQUEIRA	419 CACTUS DRIVE	KEY WEST, FL 33041

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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2008

Date

Daytime Phone #

Per conversation with Express Corporate Filing Apply overpayment of \$1600

Perewé

Tyrone, There is a  
Credit of \$600.00  
for M.G.H Trucking  
when it got rejected  
the 1st time.

Please apply to  
this one. Thanks  
!!

Per conversation RA Same