

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -7 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
P02000109593

MAYORAZGO CORP

2. Principal Office Address
13937NW 16 DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address
13937NW 16 DRIVE

Suite, Apt. #, etc.

City & State
PEMBROKE PINES FLORIDA

Zip
33028

Country
BROWARD

City & State
PEMBROKE PINES FLORIDA

Zip
33028

Country
BOWARD

REINSTATEMENT

04-23-03 90141 001 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
20-2261174

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
RICARDO A VAZQUEZ

Street Address (P.O. Box Number is Not Acceptable)
13937NW 16 DRIVE

Suite, Apt. #, Etc.

City
PEMBROKE PINES

State
FL

Zip Code
33028

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 02/02/2005

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	RICARDO A VAZQUEZ	13937NW 16 DRIVE	PEMBROKE PINES, FL, 33028
			600046418375 02/11/05--01010--012 **300.00
			2/2/9

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:

Ricardo Vazquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/2005

Date

305 606 7559

Daytime Phone #

CR2E081 (01/05)

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

February 2, 2005

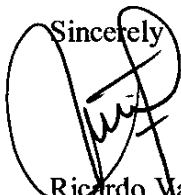
Mayorazgo Corp.
Ricardo Vazquez
13937 NW 16th Drive
Pembroke Pines, FL 33028

Re: Doc # P02000109593 /Reinstatement

According to our telephone conversation of yesterday, and since I have never received in either of my two requests the proper forms to reinstate my corporation with the state; enclosed please find a check for the sum of \$300 (three hundred) in order to reinstate the above mentioned corporation.

Also copies of the SS4 with the FEID are being enclosed in this letter for your reference.

I thank you for your cooperation on this matter.

Sincerely

Ricardo Vazquez,
President/Owner