

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 02000128957

1. Corporation Name

MAFER RACK INC.

2. Principal Office Address

5012 MILLENIA BLVD  
#103

Suite, Apt. #, etc.

103

City & State

ORLANDO FL

Zip

32839

Country

Oranay

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL

Zip

Country

**REINSTATEMENT**

07

4. Date Incorporated or Qualified  
To Do Business in Florida

12-8-02

5. FEI Number

06466 2045.

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

Roberto FERNANDEZ

400025047084

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

5012 MILLENIA BLVD #103

Suite, Apt. #, Etc.

103

City

ORLANDO

State

FL

Zip Code

32839

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

10-19-03

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	Roberto FERNANDEZ	5012 Milenia Blvd Orlando FL 32839	Orlando FL
D	JOSE MARZULLO	5012 Milenia Blvd Orlando FL 32839	Orlando FL
D	ROBERTO A FERNANDEZ	5012 Milenia Blvd Orlando FL 32839	Orlando FL

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-19-03 407 9444997

Daytime Phone #

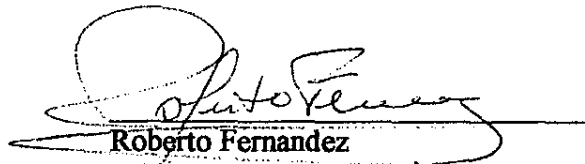
CR2E081 (10/02)

## **AFFIDAVIT**

I, Roberto Fernandez, bearer of FL Drivers Lic # F 655 728 59 415 0, hereby state: That I never received the letter from the Department of State, Division of Corporations, with the annual report fee, and for that reason we didn't pay it. Therefore our corporation was placed in an inactive status, due to the nonpayment of the annual report fee.

I respectfully request that the annual report fee be waived and the Corporation be reinstated to an active status. Please find enclosed the check to cover the necessary fees.

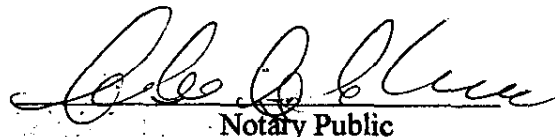
Sincerely,

  
Roberto Fernandez  
Address: 5158 Milenia Blvd # 208 .  
Orlando Fl 32839

SWORN AND SIGNED before me, today November 19, 2003, by Roberto Fernandez ,  
who produced a Florida Driver's license # F 655-728-59-415-0



Fernando De La Torre  
My Commission DD282851  
Expires October 28, 2007

  
Notary Public