

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. AND

APPROVED  
AND  
FILED

1/2

05 MAY 27 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PO2000135399**

**1. Corporation Name**

MARI DECORATIONS, CORP.

700055832847  
06/06/05--01064--006 \*\*450.00

**REINSTATEMENT**

03-05

**2. Principal Office Address**

2617 SW 143rd PLACE

**3. Mailing Office Address**

2617 SW 143rd PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33175

Country

Zip

33175

Country

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

**5. FEI Number**

46-0513934

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

TAX DEFENSE CENTER, INC.

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

2350 W 84th STREET

Suite, Apt. #, Etc.

#18

City

HALEAH

State

FL

Zip Code

33016

**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

5/24/05

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	NELSON VINDELL	2617 SW 143rd PLACE	MIAMI, FL 33175
SEC	ANA VOGL	2617 SW 143rd PLACE	MIAMI, FL 33175

**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

03/31/05

Date

305-825-2500

Daytime Phone #

CP2E081 (01/05)

2/2

**Mari Decorations, Corp**  
**2617 SW 143<sup>rd</sup> Place**  
**Miami, FL 33175**  
**Tel# 305-776-1553**

March 31<sup>th</sup>, 2005

Department of State  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500

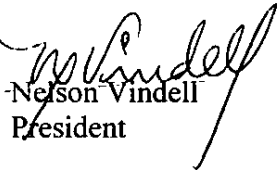
To Whom It May Concern:

This letter is to inform you that **Mari Decoration, Corp.** doc# **P02000135399** never received the renewal for the annual report for 2003. I was not aware I had to renew the corporation every year. Attached you will find the payment for 2003, 2004 and 2005.

Can you accept my apologies for over looking this issue and please accept my check to activate my corporation.

My address is on top of this letter I apologies for this inconvenience. If you have any questions please call me at the number above.

Sincerely

  
Nelson Vindell  
President