

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 14 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000037103

1. Corporation Name

MARRON INVESTMENTS CORP

2. Principal Office Address - No P.O. Box #
1835 W FLAGLER ST

3. Mailing Office Address
1835 W FLAGLER ST

Suite, Apt. #, etc.
SUITE # 201

Suite, Apt. #, etc.
SUITE # 201

City & State
MAIMI FL

City & State
MNIAMI FL

Zip
33135

Country
USA

Zip
33135

Country
USA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **04/02/2003**

5. FEI Number **59-3771816**

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
EDGAR AGUIAR

Street Address (P.O. Box Number is Not Acceptable)
4252 SW 186 AVE

Suite, Apt. #, Etc.

City
MIRAMAR

State Zip Code
FL 33029

☐ 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

Date

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
PT	EDGAR J. AGUIAR	4252 SW 186 AVE	MIRAMAR FLORIDA 33029
S	ENDELST J. ORTEGA	4252 SW 186 AVE	MIRAMAR FLORIDA 33029
			200109466872 09/14/07--01041--008 **\$25.00
			200109466872 09/14/07--01041--009 **\$25.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/28/07

Date

305-541-1040

Daytime Phone #