

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 18 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000053330

1. Corporation Name

MARIVEN INC.

2. Principal Office Address

15629 SW 73 CR. TERR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33193

Country

3. Mailing Office Address

15629 SW 73 CR. TERR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33193

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

05-14-03

5. FEI Number

☒ 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

IVAN FERRER

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

15629 SW 73 CR. TERR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193

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
P/D	IVAN FERRER	15629 SW 73 CR. TERR	MIAMI, FL 33193

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

Date

Daytime Phone #

MARIVEN INC.

28~
DATE: 10-17-06

TO WHOM IT MAY CONCERN:

I AM SENDING TO YOU THIS LETTER ALONG WITH THE UBR FORM AND PAYMENT TO PROPERLY UP-DATE OUR CORPORATION. I NEVER RECEIVED THE NOTICES FROM YOUR OFFICE REGARDING THE 2004 UBR. I HOPE THIS BRINGS EVERYTHING UP TO DATE AND YOU ARE ABLE TO WAIVE ANY LATE CHARGES THAT WE MAY HAVE.
THANK YOU FOR YOUR ATTENTION

PLEASE MAKE A NOTE OF OUR NEW ADDRESS.

CORDIALLY,


IVAN FERRER