

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000058753

1. Entity Name
MARINE UPHOLSTERY IMPORT & EXPORT INC.



Principal Place of Business
132 NE 72 ST
MIAMI, FL 33138

Mailing Address
132 NE 72 ST
MIAMI, FL 33138

2. Principal Place of Business
726 N.E. 79TH ST
Suite, Apt. #, etc.

3. Mailing Address
2500 NW 79 AVE
Suite, Apt. #, etc.

City & State
MIAMI - FLA.
Zip 33138 Country US

City & State
MIAMI - FLORIDA
Zip 33122 Country US

05152006 REIN-P CR2E098 (11/05)

4. FEI Number 20-0974114
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUIZ, HERBERT
72 ST 132 NE
MIAMI, FL 33138

7. Name and Address of New Registered Agent

Name ROBERTO CISNEROS
Street Address (P.O. Box Number is Not Acceptable)
726 N.E. 79TH ST
City MIAMI FL Zip Code 33138

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cisneros

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

05/15/06

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RUIZ, HERBERT	
STREET ADDRESS	72 ST 132 NE	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	V	<input type="checkbox"/> Delete
NAME	CISNEROS, ROBERTO	
STREET ADDRESS	72 ST 132 NE	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700076161737
CITY-ST-ZIP	06/14/06--01004--010 ***300.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Cisneros

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/15/06

Daytime Phone #