

**.2005 FOR PROFIT CORPORATION REINSTATEMENT**

APPROVED AND FILED

06 MAR -6 PM 3:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P04000125563  
 1. Entity Name  
 MARGARITA MANAGEMENT, INC.



Principal Place of Business Mailing Address  
 16801 NE 6TH COURT 16801 NE 6TH COURT  
 NORTH MIAMI BEACH, FL 33162 US NORTH MIAMI BEACH, FL 33162 US

**REINSTATEMENT** 05-06 PSC

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



12062005 REIN-P CR2E098 (6/04)

4. FEI Number Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 ORTIZ, MARGARITA  
 16801 NE 6TH COURT  
 NORTH MIAMI BEACH, FL 33162

7. Name and Address of Now Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$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 NAME STREET ADDRESS CITY ST ZIP	P ORTIZ, MARGARITA 16801 NE 6TH COURT NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VP ORTIZ, MARGARITA 16801 NE 6TH COURT NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T ORTIZ, MARGARITA 16801 NE 6TH COURT NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	S ORTIZ, MARGARITA 16801 NE 6TH COURT NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400067944794 03/16/06--01006--004 **\$300.00
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR