PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2022 OCT 28 AM 11:10

DOCUMENT # P04000129734

1. Corporation Name
MARISA CITE CORP

700396885557
10/28/22--01026--003 **3000.00

CR2E081 (11/13)

2 Principal Office Address - No P O Box #	3. Mailing Office Address
2124 NE 123 Street	2124 NE 123 Street
Suite Apt # etc #202	Suite Apt # etc #202
City & State Miami, Florida	City & State Miami, Florida
Zip: 33181 Country: USA	Zip: 33181 Country: USA

4 Date Incorporated or Qualified To Do Business in Florida: 09/14/2004

5 FEI Number: 20-1620822 ☐ 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: Allan Koltun

Street Address (P O Box Number is Not Acceptable): 2124 N.E 123 Street

Suite Apt # Etc: #200

City: Miami | State: FL | Zip Code: 33181

6 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: 10/4/22

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
D	Christian D Curtis	111 John Street, Suite 312	New York, NY 10038
D	Allan Koltun	2124 NE 123 Street #202	Miami, FL 33181
		2007 - 2022	

JAN 06 2023

10 E-mail Address: akoltun@bellsouth.net
(To be used for future annual report notification)

D CUSHING

11 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. and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ Christian D. Curtis, Director — 10/03/2022 — 917-208-4832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #