

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000036720

1. Entity Name
MAQUE ENTERPRISES, INC.



Principal Place of Business
715 E. VINE STREET
KISSIMMEE, FL 34744

Mailing Address
4417 13TH STREET
SUITE 506
SAINT CLOUD, FL 34769

2. Principal Place of Business - No P.O. Box #
715 E. VINE ST.
Suite, Apt. #, etc. STE #7

3. Mailing Address
715 E. VINE ST.
Suite, Apt. #, etc. STE 7

City & State
KISSIMMEE, FL.
Zip 34744 Country US

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KISSIMMEE, FL.
Zip 34744 Country US

10/27/06 01007 019 \$150.00
04302007 REIN-P CR2E098 (1/07)

4. FEI Number 20-2589489

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LIZARDO, MAXIMO E
10006 CROSS CREEK BLVD., UNIT 128
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name MAXIMO E. LIZARDO
Street Address (P.O. Box Number is Not Acceptable)
715 E. VINE ST. STE #7
City KISSIMMEE FL Zip Code 34744

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	LIZARDO, MAXIMO E	
STREET ADDRESS	10006 CROSS CREEK BLVD., UNIT 128	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	P/O	<input type="checkbox"/> Delete
NAME	JESUS LIZARDO	
STREET ADDRESS	715 E. VINE ST. STE #7	
CITY-ST-ZIP	KISSIMMEE FL. 34744	
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	VP/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXIMO E. LIZARDO	
STREET ADDRESS	715 E. VINE ST. STE #7	
CITY-ST-ZIP	KISSIMMEE FL. 34744	
TITLE	P/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JESUS LIZARDO	
STREET ADDRESS	715 E. VINE ST. STE #7	
CITY-ST-ZIP	KISSIMMEE FL. 34744	
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20 5/11