

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000105489

1. Entity Name
MARIROT, INC



Principal Place of Business
LA VILLA DRIVE 325
MIAMI SPRINGS, FL 33166

Mailing Address
LA VILLA DRIVE 325
MIAMI SPRINGS, FL 33166

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
4321 SW 160th Ave

Suite, Apt. #, etc.

4321 SW 160th Ave 202

Suite, Apt. #, etc.

202

City & State

Miramar FL

City & State

Miramar FL

Zip

33027

Country

USA

Zip

33027

Country

USA

REINSTATEMENT 2E098 (1/07)

4. FEI Number

20-5023945

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VEGA, ROBERT
LA VILLA DRIVE 325
MIAMI SPRINGS, FL 33166

7. Name and Address of New 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

Maniflor Maldonado

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

(NOTE: Registered Agent signature required when reinstating)

05/10/07

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
NAME VEGA, ROBERT
STREET ADDRESS LA VILLA DRIVE 325
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

☐ Delete

TITLE VP
NAME MALDONADO, MARISOL
STREET ADDRESS LA VILLA DRIVE 325
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME Robert Vega
STREET ADDRESS 744 SW 1st Apt 3
CITY-ST-ZIP Miami FL 33130

☒ Change

☐ Addition

TITLE President
NAME Maniflor Maldonado
STREET ADDRESS 4321 SW 160th Ave 202
CITY-ST-ZIP Miramar FL 33027

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Maniflor Maldonado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/10/07

Date

3054314637

Daytime Phone #